FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009808 FILED RAY & RALF, INC. 02 APR 2 PH 2: 41 SECRETARY OF STATE DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3500 NW 97 AVE 3500 NW 97 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE HOLLYWOOD, Applied For HOWKMOOD, FI 65-D98 Not Applicable 33024 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent BARBARA ROJAS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 3500 NW 97AUE Q00WYJJOH 当3624 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS TITLE PID BARBARA ROJAS TITLE NAME 3500 NW 97 AVE NAME. STREET ADDRESS STREET ADDRESS HOLLY WOOD, FI 33024 CITY-ST-ZIP CITY-ST-7/P -04/17/02---01053---010 TITLE TITLE ****450.00 ****450.00° NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CJTY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TIT F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDIRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME .. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST-78 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address.

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RAY & RALF, INC.. DOC.#P00000009808

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY BARBARA ROJAS PRESIDENT