## 2004 FOR PROFIT CORPORATEON ANNUAL REPORT

Mailing Actor was BOT W 49 ST SUIF 216 BOT W 49 ST	DOCUMENT # P0000009808  1. Entity Name			FLED	
### PURPOSED   Purpose	RAY & RALF, INC.			04 MAY 17 PM 12: 21	
Side, Apr 8, etc.  Side, Apr 8,	801 W 49 ST Suite 216	801 W 49 ST Suite 216		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State  Ci	236 NW 10 AVE	230 NW	O AVE		
Secretary   Secr	#3	C-#		11/	
S. Name and Address of Current Registered Agent  ANESTO, BARDARA  801-W 19-97  Street Address (P.O. Box Number is Not Acceptable)  230 NOUN AVE  Cty MIGHT  The above named entity subtreet this silderment for the purpose of changing its registered collect or segistered agent, or both, in the State of Florida. Lam familiar with, and accept the obspicer of the obspic	Miami, FL		<u> </u>	65-0981382 Not Applicab	
ANESTO, BARBARA 801-W 19-ST SUFFE 216- HIALEAH, FL -33012  8. The above named entity subtrivia this statement for the purpose of changing its registered office or segistered agent, or both, in the State of Florida. I am familiar with, and accept the obligatory of pulpiletic plant.  SIGNATURE  FILE NOWITH FEE IS \$150.00  9. Election Campaign Financing Trust Purus Contribution.  9. Election Campaign Financing Trust Purus Contribution.  9. Election Campaign Financing Trust Purus Contribution.  10. OFFICERS AND DIRECTORS II 1.  10. OFFICERS AND DIR	33128 USA	35128	AZÜ	Fee Required	
Stere Address (P.C. Box Number is Not Acceptable)  230 NW OAC  City MON FL			Name R	AVOATA ROIAS	
B. The above named only submits that statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accorpt that obligated the registered agent, or both, in the State of Florida. I am familiar with, and accorpt that obligated the registered agent, or both, in the State of Florida. I am familiar with, and accorpt that obligated agent and the faqueted agent	<del>801 W 49 ST</del>		Street Addres	s (P.O. Box Number is Not Acceptable)	
8. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am 'amiliar with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered right agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent with, and accept the obligatoring or registered righten agent agent agent agent registered righten registered righten agent registered righten registered ri	f .		236	SVA OI WIN	
SIGNATURE:    The NowIII   FEE IS \$150.00   P. Election Comparign Financing   S5.00 May Be added to Fees   Due by September 8, 2004   P. Election Comparign Financing   S5.00 May Be added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.    10.	The shows named entity submits this statement in	or the number of changing its	. (>11	<u>UIVII</u> <u>FE   33128</u>	
FILE NOW!II FEE IS \$150.00 Due by September 8, 2004  PO		or the purpose of changing its	registered office or regis	nered agent, or doin, in the state of Piona. Tam familiar with, and accep	
Trust Fund Contribution.   Added to Fees   Corporation did not receive the prior notice.    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PD		and title if applicable. (NOT	E: Registered Agent signature requ	ved when renstating) DATE	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	ITILE  NAME  STREET ADDRESS  CITY-SI-ZIP  12. I hereby certify that the information supplied with indicated on this report or supplemental report.	n this filing does not qualify for s true and accurate and that n	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in: The status shall have the	Section 119.07(3)(i). Florida Statutes, I further certify that the information is same legal effect as if made under path; that I am an officer or director.	