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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000009808 1. Entity Name RAY & RALF, INC.						FILED 04 MAY 17 PM 12:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 801 W 49 ST SUITE 216 HIALEAH, FL 33012				Mailing Address 801 W 49 ST SUITE 216 HIALEAH, FL 33012			
2. Principal Place of Business 236 NW 10 AVE		3. Mailing Address 236 NW 10 AVE					
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3					
City & State Miami, FL		City & State Miami, FL					
Zip 33128		Country USA		Zip 33128		Country USA	
4. FEI Number 65-0981382				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANESTO, BARBARA 801 W 49 ST SUITE 216 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Barbara Rojas Street Address (P.O. Box Number is Not Acceptable) 236 NW 10 AVE City Miami FL Zip Code 33128			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE B. Rojas 05-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME ANESTO, BARBARA STREET ADDRESS 801 W 49 ST STE 216 CITY-ST-ZIP HIALEAH, FL 33012				TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Barbara Rojas STREET ADDRESS 236 NW 10 AVE CITY-ST-ZIP Miami, FL 33128			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: B. Rojas <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 05-14-04 <small>Date Daytime Phone #</small>			