

05/28/2004 12:54 850-245-6015

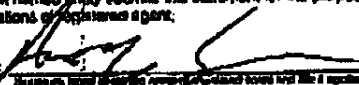
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SECRETARY P00000060972
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000060972			
1. Entity Name Ras - 1 Production Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
Salem, Apr. 8. etc.		3415 Foxcroft Rd	
City & State Miami		City & State	
Zip FL	Country 33025	Zip	Country
4. FEI Number 65-1048700		Applied For ☐ Not Applicable	
5. Certificate of Status Declared ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Anthony Gordon			
Street Address (P.O. Box Number is Not Acceptable) 3415 Foxcroft Rd			
City Miami FL Zip Code 33025			
DO NOT WRITE IN THIS SPACE			
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, the registered agent.			
SIGNATURE 		6.24.04	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Anthony Gordon 3415 Foxcroft Rd Miami FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST. Janette Riley 11630 SW 2nd ST Pemb. Pine FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Ras-Makonnen 11630 SW 2nd ST Pembroke Pine FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Shelina Buller 11630 SW 2nd ST Pembroke Pine FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(a), 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 resident or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in either 10 or on 20 subsequent pages as indicated, with all other like empowerments.			
SIGNATURE: 		6.29.04	

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CORPORATION FILING

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