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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060972

1. Entity Name
Ras-1 Production Inc

DO NOT WRITE IN THIS SPACE

54059704 04
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3415 Foxcroft Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar	City & State
Zip: F-L 33025	Country / Zip / Country

4. FEI Number: 65-1048700 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Anthony Gordon ← Pers. person's name here NOT bus name

Street Address (P.O. Box Number is Not Acceptable)
3415 Foxcroft Rd

City: Miramar FL Zip Code: 33025

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: [signature] 6.24.04

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Antony Gordon 3415 Foxcroft Rd Miramar FL 33025 - Presidu
TITLE SJT NAME STREET ADDRESS CITY-ST-ZIP	Janette Riley 11630 SW 2nd ST Pemb. Pines FL 33025 Sec/Tr
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Ras Makonnen 11630 SW 23 ST Pembroke Pines FL 33025 D
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Shelina Buller 11630 SW 23 ST Pembroke Pines FL 33025
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 11 above, with all other like empowered.

SIGNATURE: [signature] 6.29.04