2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 14, 2008 08:00 AN Secretary of State **DOCUMENT # P00000061890** R.A.S. PROPERTY MANAGERS, INC. Principal Place of Business Mailing Address 2134 HOLLYWOOD BLVD. 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1030804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHLICHTE, PAUL G DO NOT WRITE 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 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 registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SCHLICHTE, PAUL G STREET ADDRESS 2134 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE SCHLICHTE, MATTHEW J NAME U000000781492 STREET ADDRESS 2134 HOLLYWOOD BLVD. 01/15/08-80037-013 150.00 CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZiP

information surplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of 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 legely or trustee empowered of execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the properties of t 12. I hereby certify that the indicated on this report of the corporation or the

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED