


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90151 046 \*\*\*150.00

<b>DOCUMENT # P00000100383</b> 1. Entity Name <b>HANDYRAUL, CORP.</b>	
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Principal Place of Business <b>2110 NW 64 AVE SUNRISE, FL 33313</b>	Mailing Address <b>2110 NW 64 AVE SUNRISE, FL 33313</b>
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**40093974**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1068672</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BERNABE LOPEZ, RAUL 2110 NW 64 AVE SUNRISE, FL 33313</b>
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**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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P. BERNABE LOPEZ, RAUL 2330 NW 72ND AVE, APT 106C SUNRISE, FL 33313</b>
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Raul Lopez* *President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #