

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000040340

1. Entity Name
R.A.L.S SERVICES, CORP.



Principal Place of Business
**14206 SW 57 LN
MIAMI, FL 33183**

Mailing Address
**14206 SW 57 LN
MIAMI, FL 33183**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1096912 | 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

**SALINI, LUIS H
14206 SW 57 LN
MIAMI, FL 33183**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000815185
02/13/08-80074-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------|
| TITLE | DP |
| NAME | SALINI, LUIS H |
| STREET ADDRESS | 14206 SW 57 LN |
| CITY-ST-ZIP | MIAMI, FL 33183 |

| | |
|----------------|---------------------|
| TITLE | V |
| NAME | TELLEZ, RAYMUNDO C |
| STREET ADDRESS | 982 SW 149TH CT |
| CITY-ST-ZIP | MIAMI, FL 331942931 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-08

Date

305-3859524

Daytime Phone #