

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000009778

1. Entity Name  
RALICA INTERNATIONAL, CORP.



FILED  
04 OCT 18 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~12271 SW 132ND CT~~  
~~MIAMI, FL 33106~~

Mailing Address

~~8384 PORT LANCASHIRE DRIVE~~  
~~ORLANDO, FL 32829~~

1521 AITON ROAD #629  
MIAMI BEACH, FL 33139



09132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0037796

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AYALA, CESAR A  
~~8384 PORT LANCASHIRE DRIVE~~  
~~ORLANDO, FL 32829~~

1521 AITON ROAD #629  
MIAMI BEACH, FL 33139

**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 \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME AYALA, CESAR A  
STREET ADDRESS ~~8384 PORT LANCASHIRE DRIVE~~ 1521 AITON ROAD #629  
CITY-ST-ZIP ~~ORLANDO, FL 32829~~ MIAMI BEACH, FL 33139

TITLE VP  
NAME SANDOVAL, PAULA A  
STREET ADDRESS ~~8384 PORT LANCASHIRE DRIVE~~ 1521 AITON ROAD #629  
CITY-ST-ZIP ~~ORLANDO, FL 32829~~ MIAMI BEACH, FL 33139

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300041938779  
10/18/04--01064--012 \*\*550.00

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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 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

Date

Daytime Phone #