

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90218 022 \*\*\*150.00

DOCUMENT # P02000073932

1. Entity Name  
RASUR CORPORATION



Principal Place of Business  
888 BRICKELL AVE  
5TH FLOOR  
MIAMI, FL 33131

Mailing Address  
C/P LUIS M. ARTIME PA  
888 BRICKELL AVE, 5TH FLOOR  
MIAMI, FL 33131

66429545



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004 Chg-P CR2E034 (10/03)

4. FEI Number 33-1095650  
APPLIED FOR

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTIME, LUIS M  
888 BRICKELL AVE., 5TH FLOOR  
MIAMI, FL 33131

Name PEDRO P SAEZ

Street Address (P.O. Box Number is Not Acceptable)  
888 BRICKELL AVE. 5TH FL

City MIAMI

FL

Zip Code 33131

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 renewing)

04/27/04

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HEREDIA, RAMON  
STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TS  
NAME DE HEREDIA, SUSANA G  
STREET ADDRESS 888 BRICKELL AVE, 5TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

RAMON HEREDIA Pres & R. 04/27/04

*all e-mail*

TRANSMISSION VERIFICATION REPORT

66429545

*00000073832*  
TIME : 07/06/2004 11:25

DATE TIME  
FAX NO. /NAME  
DURATION  
PAGE(S)  
RESULT  
MOI

07/06 11:21  
121551610402222  
00:03:19  
05  
OK  
STANDARD  
ECM

66429545

Attachment

PO2000073932

QB

Form **SS-4**  
(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service


# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **33-1095650**  
OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>RASUR CORPORATION</b>		
	2 Trade name of business (if different from name on line 1) <b>N/A</b>		3 Executor, trustee, "care of" name <b>N/A</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>888 Brickell Avenue, Fifth Floor</b>		5a Street address (if different) (Do not enter a P.O. box.) <b>888 Brickell Avenue, Fifth Floor</b>
	4b City, state, and ZIP code <b>Miami, FL 33131</b>		5b City, state, and ZIP code <b>Miami, FL 33131</b>
	6 County and state where principal business is located <b>Miami-Dade County</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Ramon Omar Heredia, President</b>		7b SSN, ITIN, or EIN <b>Argentinean Passport</b>
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120</b> <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State <b>FL</b>		Foreign country	
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Real Estate Investments</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) <b>07/08/2002</b>		11 Closing month of accounting year <b>December</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." . . . . . ▶			
Agricultural <b>0</b>		Household <b>0</b>	Other <b>0</b>
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>real estate investments</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.			
Legal name ▶		Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (mo., day, year)		City and state where filed	Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>Pedro P. Saez, Esq.</b>		Designee's telephone number (include area code) <b>( 305 ) 3580028</b>
	Address and ZIP code <b>888 Brickell Avenue, 5th Floor, Miami, FL 33131</b>		Designee's fax number (include area code) <b>( 305 ) 3584277</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <b>Ramon Omar Heredia, President</b>			
Signature ▶ 		Date ▶ <b>07-06-04</b>	
		Applicant's telephone number (include area code) <b>( 305 ) 3580028</b>	
		Applicant's fax number (include area code) <b>( 305 ) 3584277</b>	

*Call to confirm*

*66429545*

*Do P02 000073932*

## SÁEZ & ASSOCIATES

PEDRO P. SÁEZ

ATTORNEYS AT LAW  
888 BRICKELL AVENUE  
FIFTH FLOOR  
MIAMI, FLORIDA 33131

TEL. (305) 358-0028  
FAX (305) 358-4277

E-MAIL: [SAEZLAW@AOL.COM](mailto:SAEZLAW@AOL.COM)

OF COUNSEL:  
GEORGE T. RAMANI, P.A.  
IVAN A. GOMEZ, P.A.  
MARCEL FELIPE, P.A.  
LUIS M. ARTIME, P.A.  
SONIA WILCZEWSKI, P.A.

VENEZUELA OFFICE:  
Multicentro Empresarial  
Macaracuay, Piso 8, Ofic. 7  
Urbanización Macaracuay  
Caracas, Venezuela 1061

July 6, 2004

Department of State  
Division of Corporations  
Annual Reports Filing  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 2004 Corporation Annual Report for:  
RASUR CORPORATION

Dear Sir/Madam:

In connection with the above-referenced Florida corporation, enclosed please find a revised Annual Report, pursuant to your request contained in the enclosed letter.

Please be advised that the above-referenced entity was assigned an Employer Identification Number just today. The EIN is 33-1095650. Enclosed please find SS-4 along with the transmittal fax report to the IRS.

If you have any questions, please do not hesitate to contact us.

Sincerely,  
SAEZ & ASSOCIATES

By: 

Judith M. Peraza, Paralegal

JMP:jmp  
Enclosures

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