

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074148

Entity Name: RAPA GROUP, INC.

FILED  
Mar 01, 2006  
Secretary of State

**Current Principal Place of Business:**

8900 SW 62 CT  
MIAMI, FL 33156

**New Principal Place of Business:**

215 SIDONIA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 560592  
MIAMI, FL 33256

**New Mailing Address:**

FEI Number: 52-2374105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUINONES, XAVIER  
PO BOX 560592  
MIAMI, FL 33256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: QUINONES, XAVIER  
Address: PO BOX 560592  
City-St-Zip: MIAMI, FL 33256

Title: VSD ( ) Delete  
Name: UNANUE-QUINONES, MARY A  
Address: PO BOX 560592  
City-St-Zip: MIAMI, FL 33256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XAVIER QUINONES

P

03/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date