## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000074148

FILED Jan 09, 2007 Secretary of State

Entity Nam	ne: RAPA GRO	OUP, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IA AVENUE BLES, FL 331	34			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 56 MIAMI, FL					
FEI Number:	52-2374105	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
QUINONES, XAVIER PO BOX 560592 MIAMI, FL 33256 US			QUINONES, XAVIER 215 SIDONIA AVE CORAL GABLES, FL	33134 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: XAVIER QUINONES				01/09/2007	
Electronic Signature of Registered Agent Date					
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	PTD () I QUINONES, XAV PO BOX 560592 MIAMI, FL 3325		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () I UNANUE-QUINO PO BOX 560592 MIAMI, FL 3325	,	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 Ρ 01/09/2007