

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000075975

1. Entity Name  
RAZO ENTERPRISES, INC.



**FILED  
May 02, 2008 8:00 am  
Secretary of State**

05-02-2008 90157 047 \*\*\*150.00

Principal Place of Business  
15100 TIMBER VILLAGE ROAD  
GROVELAND, FL 34736

Mailing Address

15100 TIMBER VILLAGE ROAD  
GROVELAND, FL 34736

**DO NOT WRITE IN THIS SPACE**

03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0787692	<input type="checkbox"/> 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

RAZO, NICOLAS  
15100 TIMBER VILLAGE ROAD  
GROVELAND, FL 34736

**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

10.

OFFICERS AND DIRECTORS

TITLE	PVD
NAME	RAZO, NICOLAS
STREET ADDRESS	15100 TIMBER VILLAGE ROAD
CITY-ST-ZIP	GROVELAND, FL 34736

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

4-30-08

Date

Daytime Phone #