2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 20, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P02000088665 RAVEL, INC.		- -	09-20-20	004 90005 0	29 ***150.00
Principal Plac 12035 SW 1 MIAMI, FL- 3	4ST STE #109 12035 SW 14ST STE #109					
DO NOT WRITE IN THIS SPACE			05202004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For NOT APPLICABLE Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required -			
	6. Name and Address of Current Registered Agent	N NA - 1			Fee t	required -
DIAZ, ROBERTO E 12035 SW 14ST STE #109 MIAMI, FL 33184		DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the purpose of changing its registe ions of registered agent.	red office or registe	red agent, or bo	th, in the State of Flo	rida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable:	red Agent signature require	d when reinstating)		DATE	
	LE NOW!!!- FEE IS \$550.00 9. Election Campaign Fina ue by September 8, 2004 Trust Fund Contribution	ancing \$5 n	.00 May Be ded to Fees			
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, ROBERTO E 12035 SW 14ST STE #109 MIAMI, FL 33184					
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NAME STREET ADDRESS			DΩ	NOT W	'RITF	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ų.	_	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated	certify that the information supplied with this filing does not quality for the ex i on this report or supplemental report is true and accurate and that my sign	kemption stated in S nature shall have the	ection 119.07(3) same legal effe	(i), Florida Statutes. ct as if made under	I further certify thoath; that I am ar	nat the information officer or director

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 cath; 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

Roberto E. Diaz

05/20/04

305-221-4704

ATTACAMENT. 54073303 12035 SW 14th St# P020505088665 Suite 109 Miami, FL 33184 Tel 305 201

Rush Travel Inc.

Tel. 305.221.4704 Fax. 305.222.1574

May 20, 2004

FLORIDA DEPARMENT OF STATE Secretary of State Glenda E. Hood **DIVISION OF CORPORATIONS** P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam,

We regret to inform you that we never received any uniform business report documents for our company. We called the Division of Corporations, and following instructions, we have enclosed the filled out report, and the check for \$150.00.

Please feel free to contact us at any time should you have any concerns or comments.

Thank you in advance for your help.

Milit E. Ry

Sincerely,

Roberto E. Diaz

Director