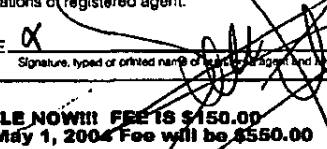
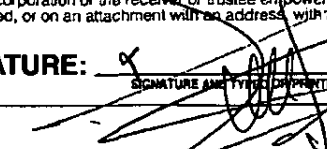


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-05-2004 90019 041 ***150.00

DOCUMENT-# P02000091608					
1. Entity Name RAGOMODA, INC.					
Principal Place of Business PO BOX 268601 WESTON, FL 33326			Mailing Address PO BOX 268601 WESTON, FL 33326		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2373804 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACINTER CORPORATION 5440 NORTH STATE RD. 7 SUITE 218 FORT LAUDERDALE, FL 33319			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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  (NOTE: Registered Agent signature required when resigning) 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					
TITLE	PD			☐ Delete	
NAME	VELASQUEZ, JUAN GUILLERMO				
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1100				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66409115

