

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90013 012 \*\*\*158.75

**DOCUMENT # P02000131852**

1. Entity Name

RA & SA INVESTMENTS & MANAGEMENT, INC.



Principal Place of Business

2722 W. TAMPA BAY BLVD.  
TAMPA FL 33607

Mailing Address

2722 W. TAMPA BAY BLVD.  
TAMPA FL 33607

2. Principal Place of Business

2722 Tampa Bay Blvd  
Suite, Apt. #, etc.  
Tampa, FL 33607

3. Mailing Address

PO BOX 4437



MOORE CR2E034 (11/03)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

310438943

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33677

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARRIAGA, RAFAEL E  
2722 W. TAMPA BAY BLVD  
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

*Rafael Arriaga*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb-1-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ARRIAGA, RAFAEL E  
STREET ADDRESS 2722 W. TAMPA BAY BLVD  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Delete  
NAME ARRIAGA, SIGFRIDO  
STREET ADDRESS 2722 W. TAMPA BAY BLVD  
CITY-ST-ZIP TAMPA FL 33607

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 Arriaga, Rafael E. ☒ Change ☐ Addition  
NAME PO Box 4437 (address change)  
STREET ADDRESS Tampa, FL 33677  
CITY-ST-ZIP

TITLE Arriaga Sigfrido ☒ Change ☐ Addition  
NAME PO Box 4437 (address change)  
STREET ADDRESS Tampa, FL 33677  
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

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 119.07(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:

*Rafael Arriaga*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb-1-04

813  
887-8713