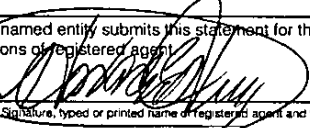
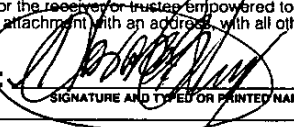


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90035 017 ***150.00

DOCUMENT # P03000003532 1. Entity Name RAYHOR INC.					
Principal Place of Business 561 NW 183 ST. MIAMI, FL 33169				Mailing Address 561 NW 183 ST. MIAMI, FL 33169	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 830 S. Hollybrook Dr Apt # 106			
City & State		City & State Pembroke Pines FL			
Zip		Zip 33026			
Country		Country Broward			
4. FEI Number 57-1148126				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, HORACE A 830 S. HOLLYBROOK DR. 106 PEMBROKE PINES, FL 33025				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:  HORACE HENRY 3-27-05 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, MALCOLM 830 S. HOLLYBROOK DR. #106 PEMBROKE PINES, FL 33025	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, NICOLE 830 S. HOLLYBROOK DR. #106 PEMBROKE PINES, FL 33025	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henry, Horace President 830 S. Hollybrook Dr #106 Pembroke Pines, FL 33025	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:  HORACE HENRY 3-27-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					