


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90074 026 \*\*\*150.00

<b>DOCUMENT # P03000004103</b> 1. Entity Name <b>R.A.Z. INSTALLATION INC.</b>					
Principal Place of Business <b>1237 NW 32 PL MIAMI, FL 33125</b>		Mailing Address <b>1237 NW 32 PL MIAMI, FL 33125</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>RAMOS, REINALDO L 1237 NW 32 PL MIAMI, FL 33125</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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07272004 Chg-P CR2E034 (10/03)

4. FEI Number **51-0441170** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Reinaldo L RAMOS  
1237 N.W. 32 Place  
Miami FL 33125

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*President*

*7-27-04*

Attachment  
66431296

SHARON L. THIBAUT, CPA PA  
5740 HOLLYWOOD BOULEVARD  
SUITE 202  
HOLLYWOOD, FLORIDA 33021  
PHONE: (954) 967-8200  
FAX: (954) 967-8204

JULY 27, 2004

Document # P0300000 4/03  
DIVISION OF CORPORATIONS

PER OUR CONVERSATION TODAY, TAXPAYER NEVER RECEIVED LETTER  
THAT WAS MAILED ASKING FOR FEDERAL ID NUMBER ON CORPORATE  
REPORT. CHECK WAS CASHED ON 4/8/04 FOR PAYMENT OF ANNUAL  
REPORT. PLEASE ACCEPT THE ANNUAL REPORT ENCLOSED AS TIMELY  
FILED.

SINCERELY,

  
SHARON L THIBAUT

CERTIFIED PUBLIC ACCOUNTANT