2005 FOR PROFIT CORPORATION

Apr 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000046409 1. Entity Name RAY'S MOVING & MINI STORAGE, INC. Principal Place of Business Mailing Address 1034 E, 28TH ST. 1034 E. 28TH ST. HIALEAH, FL 33013 HIALEAH, FL 33013 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4541960 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. DO NOT WRITE 2300 CORAL WAY, STE. 200 MIAMI, FL 33145 IN THIS SPACE 8. The above named entity submits this statement for the pulpose 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. **'**25' MASA SENT 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE NAME VILLA, REINALDO U00000286472 14955 S. BISCAYNE RIVER DR. STREET ADDRESS 04/04/05-80030-013 150.00 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33168 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

FILED

Davtime Phone #

PRESIDENT VILLA REINALDO

SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: