


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90484 048 ***150.00

DOCUMENT # P03000101364			
1. Entity Name RAUL'S MOVING, INC.			
Principal Place of Business 9105 NW 105 CIRCLE MIAMI, FL 33178		Mailing Address 7622 NW 2NW TERR MIAMI, FL 33126	
2. Principal Place of Business 9105 NW 105 CIRCLE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MEDLEY, FL		City & State	
Zip 33178	Country	Zip	Country
6. Name and Address of Current Registered Agent PERDOMO, RAUL B 7622 NW 2NW TERR MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: PERDOMO, RAUL L. Street Address (P.O. Box Number Is Not Acceptable) 7622 NW 2NW TERRA City: MIAMI FL Zip Code: 33126	
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)</small>			
DATE _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST PERDOMO, RAUL L. 7622 NW 2NW TERR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04262006 Chg-P CR2E034 (11/05)

4. FEI Number
57-1186399

Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Raul L Perdomo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06 (305)266-0859
Date Daytime Phone #