## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 02, 2008 8:00 am Secretary of State **DOCUMENT # P03000101364** 05-02-2008 90168 044 \*\*\*150.00 1. Entity Name RAUL'S MOVING, INC. Principal Place of Business Mailing Address 9105 NW 405 CIRCLE 7622 NW 2NW TERR MIAMI, FL 33178 MIAMI, FL 33126 No Chg-P CR2E034 (11/05) 04172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1186399 Not Applicable 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent DO NOT WRITE PERDOMO, RAUL L 7622 NW 2ND TERRA MIAMI, FL 33126 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE PERDOMO, RAUL L NAME **7622 NW 2NW TERR** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE City-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #