2004 FOR PROFIT CORPORATION ANNUAL REPORT

-	ANNUAL	REPORT	11011		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # P03000108052  1. Entity Name RALEIGH PACIFIC CORP.				DIVISION OF CORPORATIONS		
1. Entity Name						
RALEIGH PACIFIC CORP.				04 MAY -6 AM 8: 00		
				SO WE TAKE	- 50	
Principal Plac		Mailing Address				
1401 BRICKELL AVENUE   Suite 825		1401 BRICKELL AVENUE Suite 825				
MIAMI, FL 33131		MIAMI, FL 33131			I ideniali in 23123 iigi 22111 22111 2012 iign 2012 iign 2021 iign 2021 iign 2021 iign 11 iig	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		01162004 Chg-P CR2E034 (10/03)	
City & State		City & State			4. FEI Number 56 - 2405 7/7   Applied For Not Applicable	
Zìp	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
SANCHEZ	ABALL DAEAEL ESO		Na	THE SAN	JCHEZ - ABALLI, RAFAEL	
SANCHEZ-ABALI, RAFAEL ESQ. 1401 BRICKELL AVENUE SUITE 825 MIAMI, FL 33131  8. The above named entity samples this earment			Str	Street Address (P.O. Box Number is Not Acceptable)		
				11101	Baickey Are GC 826	
,,,			Cit		BRICKELL AVE., STE. 825 POI FL Zip Code 3312	
8. The above	named entity so mits this statement for	Nhe purpose of changing its	registered off			
8. The above named entity solution this contempt from 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. Signature required when reinstating)  DATE						
	Signature, and or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent	signature required v	when reinstating) / DATE /	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Con			00 May Be ed to Fees	
10.	OFFICERS AND		11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		☐ Delete	TITLE	D, P	Change XAdditio	
NAME STREET ADDRESS	\		NAME STREET ADD	CARI	LOS ANTONIO PRIETO CANEPA 1 BRICKELL AVE., STE. 825	
CITY-ST-ZIP	·		CITY-ST-ZI		mi, Florida 33131	
TITLE		☐ Delete	TITLE	D. V	PIT Change Additio	
NAME STREET ADDRESS			NAME STREET ADD	FER	rnando Lorenzo Prieto Canep	
CITY-ST-ZIP			CITY-ST-ZI	1401	Brickell Ave., Ste. 825, Miami,	
TITLE		☐ Delete	TITLE	D/5	JAMÍN EUGENIO PRIETO BALLA BRICKELL AUE., SIE. 825, MIAMI, S	
NAME Street Address		•	NAME STREET ADD	BEN	JAMIN EUGENIO PRIETO BALLA	
CITY-ST-ZIP		•	CITY-ST-ZI	<u>""  1401</u>	I Brickell Aue., Sie. 825, Miani, 1	
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	
NAME STREET ADDRESS	-		NAME STREET ADD	RESS	<b>500036075415</b> 05/11/0401100001 **4100.00	
CITY-ST-ZIP			CITY-ST-ZI	I	05/11/0401100001 **4100.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	
NAME STREET ADDRESS			NAME STREET ADD	RESS		
CITY-ST-ZIP			CITY-ST-ZI		***************************************	
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Additio	
STREET ADDRESS			, NAME STREET ADD	RESS		
CITY-ST-ZIP			CITY-ST-ZI			
indicated of the cor	i on this report or supplemental report i reporation or the receiver or true ee amp	s true and accurate and that	my signature s	nall have the sa	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 i	
		atti in I	set		4/20/01/200/272-02	
SIGNAT		PRINTED NAME OF LIGNING OFFICE	OR DIRECTOR		Date Daytime Phone #	