# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -9 AM 10: 31

DOCUMENT # P03000108052

1. Entity Name
RALEIGH PACIFIC CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~445 GERONA AVE~~<br>~~CORAL GABLES, FL 33146~~ US | ~~445 GERONA AVE~~<br>~~CORAL GABLES, FL 33146~~ US |

04302008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2506 PONCE DE LEON BLVD | 2506 PONCE DE LEON BLVD |
| Suite, Apt. #, etc.<br>ATTN: RAFAEL SANCHEZ-ABALLI | Suite, Apt. #, etc.<br>ATTN: RAFAEL SANCHEZ-ABALLI |
| City & State<br>CORAL GABLES FL | City & State<br>CORAL GABLES FL |
| Zip<br>33134 Country | Zip<br>33134 Country |

4. FEI Number
56-2405717
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RAFAEL J. SANCHEZ-ABALLI, P.A.<br>~~445 GERONA AVE~~<br>~~CORAL GABLES, FL 33146~~ | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2506 PONCE DE CEON BLVD<br>City CORAL GABLES FL Zip 33134 |

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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | DP<br>PRIETO CANEPA, CARLOS ANTONIO<br>~~445 GERONA AVE~~<br>~~CORAL GABLES, FL 33146~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>2506 PONCE DE CEON BLVD<br>CORAL GABLES FL 33134 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVT<br>PRIETO CANEPA, FERNANDO L<br>~~445 GERONA AVE~~<br>~~CORAL GABLES, FL 33146~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>2506 PONCE DE CEON BLVD<br>CORAL GABLES FL 33134 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>PRIETO BALLAS, BENJAMIN E<br>445 GERONA AVE<br>CORAL GABLES, FL 33146 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>2506 PONCE DE LEON BLVD<br>CORAL GABLES FL 33134 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 600129447515 ☐ Change ☐ Addition<br>05/14/08--01015--024 **1477.50 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Attorney in Fact 4.29.08 305.779.5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/13 aw