## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P03000109866 R.A.& I. CONSTRUCTION, INC. Principal Place of Business Mailing Address 14261 SW 22 ST MIAMI, FL 33175 14261 SW 22 ST MIAMI, FL 33175 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 20-0311806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PEREZ, DOMINGO DO NOT WRITE 14261 SW 22 ST MIAMI, FL 33175 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) DATE 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 10. OFFICERS AND DIRECTORS TITLE PEREZ, DOMINGO NAME STREET ADDRESS 14261 SW 22 ST CITY-ST-ZIP MIAMI, FL 33175 Un0000328223 04/25/05-80069-013 158.75 TITLE CRUZ, RAUL NAME STREET ADDRESS 14261 SW 22 ST CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME CRUZ, IDALYS STREET ADDRESS 14261 SW 22 ST. DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33175 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-2IP

**FILED** 

Daytima Phone #

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.

4/19/01 SIGNATURE: a INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR P

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP