

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111955

Entity Name: RAINAWAY RAIN CONTROL, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

7294 NW 8TH ST.  
MIAMI, FL 33126

## New Principal Place of Business:

7368 NW 12TH ST.  
MIAMI, FL 33126

## Current Mailing Address:

7294 NW 8TH ST.  
MIAMI, FL 33126

## New Mailing Address:

7368 NW 12TH ST.  
MIAMI, FL 33126

FEI Number: 20-0322476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARISSO, MANUEL A  
9182 MCDUGAL CT  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: MELON, FRANCISCO  
Address: 4722 SW 5TH ST  
City-St-Zip: MIAMI, FL 33134

Title: VP ( ) Delete  
Name: ARISSO, MANUEL  
Address: 7294 NW 8TH ST  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL A ARISSO

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date