2008 FOR PROFIT CORPORATION

Apr 09, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P04000012121 1. Entity Name RAYOMAR HOTEL & APARTMENT, CORP. Principal Place of Business Mailing Address 8851 HARDING AVE. 8851 HARDING AVE. SURFSIDE, FL 33154 SURFSIDE, FL 33154 No Chg-P CR2E034 (11/05) 03042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0714804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 是 所沒 (新世界語) DO NOT WRITE LABRADA, ANDRES 8851 HARDING AVE. SURFSIDE, FL 33154 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LABRADA, ELIZABETH 8851 HARDING AVE. STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE LABRADA, ANDRES JR NAME STREET ADDRESS 8851 HARDING AVE. CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME LABRADA, ANDRES 8851 HARDING AVE. STREET ADDRESS DO NOT WRITE CITY-ST-7/P SURFSIDE, FL 33154 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this (ling 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 of trustee empowered to execute his 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

CITY-ST-ZIP

TURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-08 786-210-0594 Date Daylime Phone #

FILED