

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90120 035 ***150.00
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DOCUMENT # P04000040158					
1. Entity Name RASTA CONSTRUCTION INC.					
Principal Place of Business 8649 N. HIMES AVE #819 TAMPA, FL 33614			Mailing Address 8649 N. HIMES AVE #819 TAMPA, FL 33614		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-0827865				Applied For Not Applicable	
5. Certificate of Status Desired ☐				58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VELASQUEZ, SIMON 8649 N. HIMES AVE #819 TAMPA, FL 33614			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		55.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VELASQUEZ, SIMON		NAME		
STREET ADDRESS	8649 N. HIMES AVE #819		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	VP/D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PADILLA, GUILLERMO		NAME		
STREET ADDRESS	4747 W. WATERS AVE #2009		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	T/S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DAVILA, BLANCA		NAME		
STREET ADDRESS	8649 N. HIMES AVE #819		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DAVILA, BLANCA		NAME		
STREET ADDRESS	8649 N. HIMES AVE #819		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 any other officers with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					