

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90003 020 ***150.00

50023279

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 7807 N. 53RD ST Suite, Apt. #, etc.		3. Mailing Address 7807 N 53RD ST Suite, Apt. #, etc.	
City & State TAMPA FL Zip Country 33617 HILLS		City & State TAMPA FL Zip Country 33617 HILLS	
4. FEI Number 20-0827865		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELASQUEZ, SIMON 8649 N. HIMES AVE #819 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name SIMON VELASQUEZ Street Address (P.O. Box Number is Not Acceptable) 7807 N. 53RD ST City TAMPA FL Zip Code 33617	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D VELASQUEZ, SIMON 8649 N. HIMES AVE #819 TAMPA, FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PADILLA, GUILLERMO 4747 W. WATERS AVE #2009 TAMPA, FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S DAVILA, BLANCA 8649 N. HIMES AVE #819 TAMPA, FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVILA, BLANCA 8649 N. HIMES AVE #819 TAMPA, FL 33614	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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		Date 7/24/06 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			