

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042416

FILED
Feb 15, 2006
Secretary of State

Entity Name: RAI INTERNATIONAL CORPORATION

Current Principal Place of Business:

8290 LAKE DRIVE
APT. #248
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8290 LAKE DRIVE
APT. #248
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 51-0513546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCIARTE, RAFAEL A
8290 LAKE DRIVE
APT. #248
MIAMI, FL 33166 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: D () Delete
Name: INCIARTE, RAFAEL A
Address: 8290 NW LAKE DR #248
City-St-Zip: MIAMI, FL 33166 US

Title: D () Delete
Name: INCIARTE, LERIDA
Address: 8290 NW LAKE DR #248
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: INCIARTE, RAFAEL A JR.
Address: CAMINO DEL DORAL ALTO PRADO
City-St-Zip: MARACAIBO, ZU 33166 VE

Title: D () Delete
Name: INCIARTE, JOSE R
Address: URBANIZACION LAS LOMAS, CALLE 81A #70B-21
City-St-Zip: MARACAIBO, ZU 33166 VE

Title: D () Delete
Name: INCIARTE, JAIME R
Address: URBANIZACION LAS LOMAS, CALLE 81A #70B-21
City-St-Zip: MARACAIBO, ZU 33166 VE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: INCIARTE, RAFAEL, A.

D

02/15/2006

Electronic Signature of Signing Officer or Director

_____ Date