
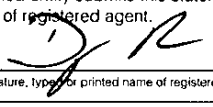
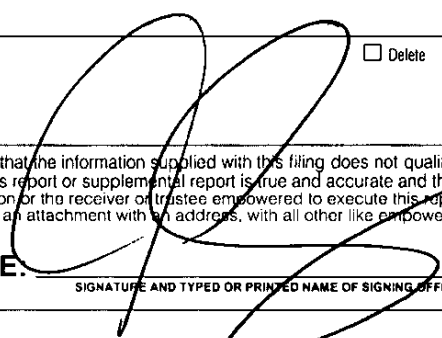


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90018 030 ***150.00

DOCUMENT # P04000062176			
1. Entity Name RASAJOLI, INC.			
Principal Place of Business 4886 NEW BROAD ST ORLANDO, FL 32814 US		Mailing Address 4886 NEW BROAD ST 103 ORLANDO, FL 32814 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1315 S. International Pkwy Suite, Apt. #, etc. 1101	
City & State		City & State Lake Mary, FL	
Zip		Zip 32746	
Country		Country USA	
4. FEI Number 20-1076612		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LIGUORI, JOSEPH C 2802 S. TANNER ROAD ORLANDO, FL 32820		7. Name and Address of New Registered Agent Name: Douglas MANISCALCO Street Address (P.O. Box Number is Not Acceptable): 1315 S. International Pkwy Suite 1101 City: Lake Mary FL Zip Code: 32746	
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:  DATE: 2-20-08 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LIGUORI, JOSEPH C STREET ADDRESS 2802 S. TANNER ROAD CITY-ST-ZIP ORLANDO, FL 32820	<input type="checkbox"/> Delete	TITLE P NAME Liguori, Joseph C. STREET ADDRESS 5412 Birchbark Loop CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MANISCALEN, DOUGLAS STREET ADDRESS 3292 OAKMONT TERR CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone: _____			