

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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01182005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000092829			
1. Entity Name RAICAR MULTISERVICES, INC.			
Principal Place of Business 6181 WEST 22 LANE HIALEAH, FL 33016		Mailing Address 6181 WEST 22 LANE HIALEAH, FL 33016	
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		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALDES, RAIMUNDO S 6181 WEST 22 LANE HIALEAH, FL 33016		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 _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: For a General Agent, typed or printed name is not required.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY- ST- ZIP	DP VALDES, RAIMUNDO S 6181 WEST 22 LANE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.			
SIGNATURE: <u>R. Valdes</u>		02/08/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

October 10, 2005

To: Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, Fl 32314

From: Raimundo Valdes
Raicar Multiservices, Inc.
Hialeah, Fl 33016-3922

Ref.: Notice to Dissolution or Revocation
Notice to Intent to Dissolve
Document # P04000092829

Dear Representative:

We need you review your records, because those Notices don't suppose to be process, because We sent the payment for Annual Report for Year 2005, on enough time before the due date.

We have been attached the proof of payment check #123 from 02/08/05 charged to our bank account on 02-11-05.

Sincerely yours,



Raimundo Valdes
President