2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P04000153683

Entity Name: RAZA'S INC.

Current Principal Place of Business:

4595 HYPOLUXO RD
UNIT #14
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

8134 ROSE MARIE AVENUE EAST
BOYNTON BEACH, FL 33437

New Mailing Address:

8134 ROSE MARIE AVENUE EAST
BOYNTON BEACH, FL 33472

FEI Number: 20-1618361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, AIDA SARITA
8134 ROSE MARIE AVE EAST
BOYNTON BEACH, FL 334371004 US

Name and Address of New Registered Agent:

GONZALEZ, AIDA SARITA
8134 ROSE MARIE AVE EAST
BOYNTON BEACH, FL 334721004 US

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: AIDA SARITA GONZALEZ 04/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: GONZALEZ, AIDA SARITA
Address: 8134 ROSE MARIE AVE., EAST
City-St-Zip: BOYNTON BEACH, FL 334371004

Title: VT ( ) Delete
Name: ESCAMILLA, JESUS HECTOR
Address: 8134 ROSE MARIE AVE., EAST
City-St-Zip: BOYNTON BEACH, FL 334371004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: GONZALEZ, AIDA SARITA
Address: 8134 ROSE MARIE AVE., EAST
City-St-Zip: BOYNTON BEACH, FL 334721004

Title: VT (X) Change ( ) Addition
Name: ESCAMILLA, JESUS HECTOR
Address: 8134 ROSE MARIE AVE., EAST
City-St-Zip: BOYNTON BEACH, FL 334721004

I hereby certify that the information supplied with this filing does not qualify 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: AIDA SARITA GONZALEZ PS 04/16/2008
Electronic Signature of Signing Officer or Director Date