

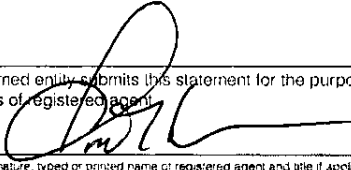
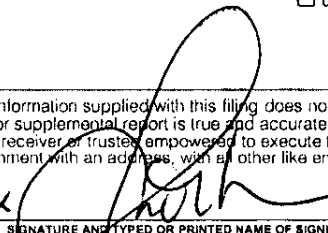


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 043 ***150.00

DOCUMENT # P05000029502 1. Entity Name RAE'S SUNBEAM CHARTERS, INC.					
Principal Place of Business 18905 SW 177 AVE MIAMI, FL 33817				Mailing Address 18905 SW 177 AVE MIAMI, FL 33817	
2. Principal Place of Business - No P.O. Box # 17755 SW 188 ST		3. Mailing Address 17755 SW 188 ST			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. 			
City & State MIAMI FL 33187		City & State MIAMI, FL			
Zip 33187		Country USA		4. FEI Number 30-0304127	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, ANDY P ESQ. 18905 SW 177 AVE MIAMI, FL 33817				7. Name and Address of New Registered Agent Name ANDY P. FERNANDEZ, ESQ Street Address (P.O. Box Number is Not Acceptable) 17755 SW 188 ST City MIAMI FL Zip Code 33187	
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: 3/14/08 <small>Signature, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, ANDY P ESQ. <input type="checkbox"/> Delete 18905 SW 177 AVE MIAMI, FL 33817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, ANDY P ESQ <input type="checkbox"/> Change <input type="checkbox"/> Addition 17755 SW 188 ST MIAMI FL 33187	
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	
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 an other like empowered.					
SIGNATURE:  ANDY FERNANDEZ 3/14/08 305 345 8976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					