FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90115 022 ***150.00

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RALOCU PROPERTIES CORP.

20016355

DO NOT WRITE IN THIS SPACE

2. Principal Business Address
1314 US 1 S
Suite/Apt. #

3. Mailing Address
1314 US 1 S
Suite/Apt. #

DO NOT WRITE IN THIS SPACE

City & State
BUNNELL FL

City & State
BUNNELL FL

4. FEI Number
16 1723865

Apply
Not Applicable

Zip
32110

County
FLAGLER

Zip
32110

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable):
1840 Coral Way, 4th Floor

City: MIAMI FL Zip: 33145

8. The above designated registered agent has given written consent to the filing of this report changing its registered office or registered agent or both in the State of Florida. I am familiar with and accept the duties and responsibilities of registered agent.

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Elect an Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

PRESIDENT LOUIS TORACHIO 2 RIVIERA LN PALM COAST FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VICE PRESIDENT RALPH TRAUERTS 40 SEATON VALLEY PATH PALM COAST FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP
SECRETARY LOUIS TORACHIO 2 RIVIERA LN PALM COAST FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TREASURER RALPH TRAUERTS 40 SEATON VALLEY PATH PALM COAST FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. [illegible] 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 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 in Block 10 or Block 11 if changed, or added, or deleted.

SIGNATURE: Louis Torachio 3-03-06 386 586 0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR