2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082332

City-St-Zip:

DANIA, FL 33312 US

Entity Name: RAVENSWOOD ENTERPRISE, INC

FILED May 08, 2009 Secretary of State

Entity Name: RAVENSWOOD ENTERPRISE, INC.							
Current Pr	incipal Pla	ice of Business:	New Prin	New Principal Place of Business:			
4160 RAVE DANIA, FL		RD. JS					
Current Ma	ailing Add	ress:	New Mail	New Mailing Address:			
4160 RAVE DANIA, FL		RD. JS					
FEI Number: 25-1918926 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SAMIR MAHMOUD 4160 RAVENSWOOD RD DANIA, FL 33312 US				CATHERINE PATRICK 4160 RAVENSWOOD RD DANIA, FL 33312 US			
The above in the State		ty submits this statement for th	e purpose of changing	its registered	office or registered agent	., or both,	
SIGNATUR	RE: CATH	ERINE PATRICK		05/08/2009			
Electronic Signature of Registered Agent				Date			
		.193(2)(b), F.S., the corporation dic cing Trust Fund Contribution().	d not receive the prior noti	ce.			
OFFICERS	AND DIR	ECTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P MAHMOUD, 4160 RAVEI DANIA, FL	NSWOOD RD	Title: Name: Address: City-St-Zip:	PATRICK, CA 4160 RAVENS	SWOOD RD		
Title: Name: Address: City-St-Zip:	VP MAHMOUD, 4160 RAVEI DANIA, FL	NSWOOD RD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address:	T MAHMOUD, 4160 RAVEI	(X) Delete SAMIR NSWOOD RD	Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: CATHERINE PATRICK P 05/08/2009