2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084132

Entity Name: THE SORAYA-R CORP.

Current Principal Place of Business:	**New Principal Place of Business:**
8521 HARDING AVE. APT. #204 MIAMI BEACH, FL 33141	735 82 STREET HOUSE MIAMI BEACH, FL 33141
Current Mailing Address:	**New Mailing Address:**
8521 HARDING AVE. APT. #204 MIAMI BEACH, FL 33141	735 82 STREET HOUSE MIAMI BEACH, FL 33141

FEI Number: 20-3082379   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PACHECO, SORAYA 8521 HARDING AVE. APT. #204 MIAMI BEACH, FL 33141 US	PACHECO, SORAYA 735 82 STREET HOUSE MIAMI BEACH, FL 33141 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: SORAYA PACHECO   04/28/2008
_____Electronic Signature of Registered Agent_____   _____Date_____

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P   ( ) Delete
Name: PACHECO, SORAYA
Address: 8521 HARDING AVE., APT. #204
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P   (X) Change ( ) Addition
Name: PACHECO, SORAYA
Address: 735 82 STREET
City-St-Zip: MIAMI BEACH, FL 33141

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: SORAYA PACHECO   P   04/28/2008
_____Electronic Signature of Signing Officer or Director_____   _____Date_____