
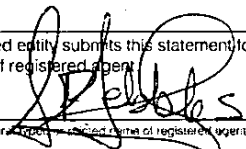
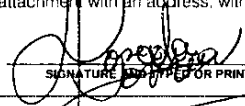


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90237 010 ***158.75

DOCUMENT # P06000032727 1. Entity Name RAY CARPENTRY, INC.					
Principal Place of Business 10968 NW 40 STREET SUNRISE, FL 33351			Mailing Address 10968 NW 40 STREET SUNRISE, FL 33351		
2. Principal Place of Business - No P.O. Box # 2337 NW 139 Ave		3. Mailing Address 2337 NW 139 Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SUNRISE-FL		City & State SUNRISE-FL		4. FEI Number 20-4430473	
Zip 33323		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTIN, PEDRO J 13100 SW 92 AVE SUITE C- 404 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name PEBBLES TORRES Street Address (P.O. Box Number is Not Acceptable) 2337 NW 139 AVE City SUNRISE FL Zip Code 33323			
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 04/25/08 <small>(NOTE: Registered Agent signature required when re-stating)</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	P. LOZADA, JESUS R 10968 NW 40 STREET SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOZADA JESUS R 2337 NW 139 AVE SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, PEBBLES 10968 NW 40 STREET SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES PEBBLES 2337 NW 139 AVE SUNRISE FL 33323
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 all other like empowered.					
SIGNATURE: 			04/25/08 954-937-6546 <small>Date Daytime Phone #</small>		