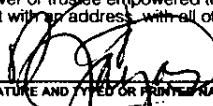


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90109 048 ***150.00

DOCUMENT # P06000091156 1. Entity Name RARA AVIS CORP.																																			
Principal Place of Business 7845 NE BAYSHORE CT #12 MIAMI, FL 33138		Mailing Address 7845 NE BAYSHORE CT #12 MIAMI, FL 33138																																	
2. Principal Place of Business - No P.O. Box # 730 NE 79 St	3. Mailing Address 730 NE 79 St																																		
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State Miami, FL		City & State Miami, FL																																	
Zip 33138	Country USA	Zip 33138	Country USA																																
6. Name and Address of Current Registered Agent ZAYAS, BERTHA 7845 NE BAYSHORE CT #12 MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP ZAYAS, BERTHA 7845 NE BAYSHORE CT #12 MIAMI, FL 33138 ☐ Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAYAS, BERTHA 7845 NE BAYSHORE CT #12 MIAMI, FL 33138 ☐ Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP ZAYAS, BERTHA 730 NE 79 ST Miami, FL 33138 ☒ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAYAS, BERTHA 730 NE 79 ST Miami, FL 33138 ☒ Change ☐ Addition														
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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: 		5/1/07 786-285-9146																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																	