
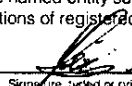



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90020 001 \*\*\*150.00

<b>DOCUMENT # P06000115535</b> 1. Entity Name <b>RACSO GROUP, INC.</b>																																																																																																																													
Principal Place of Business <b>161 THORNBURY DR KISSIMMEE, FL 34744</b>			Mailing Address <b>161 THORNBURY DR KISSIMMEE, FL 34744</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number <b>20-5502551</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>L.L. PROFESSIONAL SERVICES, INC. 7661 CURRENCY DR ORLANDO, FL 32809</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																																																																																																																										
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:  <span style="float: right;"><b>01/05/07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing - <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>PEREZ PINERO, JUAN O</b></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"><b>161 THORNBURY DRIVE KISSIMMEE, FL 34744</b></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> </table>						10. 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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:  <span style="float: right;"><b>01/05/07</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													