

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90026 041 \*\*\*150.00

**DOCUMENT # P06000130763**

1. Entity Name

RA FLORIDA PROPERTY MANAGEMENT, INC.



Principal Place of Business

12550 BISCAYNE BLVD  
500  
NORTH MIAMI BEACH FL 33181

Mailing Address

12550 BISCAYNE BLVD  
500  
NORTH MIAMI BEACH FL 33181



2. Principal Place of Business - No P.O. Box #

12450 Biscayne Blvd

Suite, Apt. #, etc.

Suite # 500

City & State

North Miami FL 33161

Zip  
33161

Country

DADE

3. Mailing Address

12550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite # 500

City & State

North Miami, FL 33161

Zip  
33161

Country

DADE

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-5730950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOZANO, RAFAEL  
1475 NE 125TH TERRACE #502  
NORTH MIAMI BEACH FL 33161

7. Name and Address of New Registered Agent

Name **RAFAEL LOZANO**

Street Address (P.O. Box Number is Not Acceptable)

12550 Biscayne Blvd Suite #500

North Miami FL 33161

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, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME LOZANO, RAFAEL  
STREET ADDRESS 1475 NE 125TH TERRACE #502  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33161

TITLE VT ☐ Delete  
NAME PINTADO, ANNETTE M  
STREET ADDRESS 1475 NE 125TH TERRACE #502  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**RAFAEL LOZANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-2008

Date

305-308-9666

Daytime Phone #