

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000083551

1. Entity Name
R. A. FINANCIAL GROUP, INC.



FILED

08 SEP 16 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1181 STARLING AVE
MIAMI SPRINGS, FL 33166

Mailing Address
1181 STARLING AVE
MIAMI SPRINGS, FL 33166

2. Principal Place of Business - No P.O. Box #
8567 Coral Way
Suite, Apt. #, etc.
320
City & State
MIAMI, FL
Zip
33155
Country
U.S.A.

3. Mailing Address
8567 Coral Way
Suite, Apt. #, etc.
320
City & State
MIAMI, FL
Zip
33155
Country
U.S.A.



08222008 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DENIQUOLO, BRUNO D
1181 STARLING AVE
MIAMI SPRINGS, FL 33166

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]* DATE 08/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, RAUL	
STREET ADDRESS	4940 SW 82 AVE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLMO, ALEXANDER	
STREET ADDRESS	3531 SW 29 ST	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200135992772	
STREET ADDRESS	09/17/08--01005--002 **288.75	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* DATE 08/28/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/08