

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062294

Entity Name: RAEN ENTERPRISES, INC

FILED  
May 12, 2009  
Secretary of State

## Current Principal Place of Business:

13823 SW 90TH AVENUE  
APT J211  
MIAMI, FL 33176 US

## New Principal Place of Business:

## Current Mailing Address:

13823 SW 90TH AVENUE  
APT J211  
MIAMI, FL 33176 US

## New Mailing Address:

FEI Number: 26-2883005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIGH END INCOME TAX & ACCTG SERVICES  
4200 NW 16TH ST  
SUITE 600-A  
LAUDERHILL, FL 33313 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: IRUENE, IBINABO R  
Address: 13823 SW 90TH AVENUE #J211  
City-St-Zip: MIAMI, FL 33176 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: I RANSOM IRUENE

CEOP

05/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date