

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102330

Entity Name: RICHARD RABY CPA, P.A.

FILED  
Apr 21, 2012  
Secretary of State

## Current Principal Place of Business:

330 MENDOZA AVENUE  
APT #1  
CORAL GABLES, FL 33134

## New Principal Place of Business:

22 MADEIRA AVENUE  
APT #2  
CORAL GABLES, FL 33134

## Current Mailing Address:

330 MENDOZA AVENUE  
APT #1  
CORAL GABLES, FL 33134

## New Mailing Address:

22 MADEIRA AVENUE  
APT #2  
CORAL GABLES, FL 33134

FEI Number: 27-4340637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RABY, RICHARD F  
330 MENDOZA AVENUE  
APT #1  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

RABY, RICHARD F  
22 MADEIRA AVENUE  
APT #2  
CORAL GABLES, FL 33134 US

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:

04/21/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: RABY, RICHARD  
Address: 22 MADEIRA AVENUE, #2  
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR  
Name: ESCOVAR, AIMARA  
Address: 22 MADEIRA AVENUE, #2  
City-St-Zip: CORAL GABLES, FL 33134

Title: TREA  
Name: RABY, RICHARD  
Address: 22 MADEIRA AVENUE, #2  
City-St-Zip: CORAL GABLES, FL 33134

Title: DIRE  
Name: ESCOVAR, AIMARA  
Address: 22 MADEIRA AVENUE, #2  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: RICHARD RABY

PRES

04/21/2012

Electronic Signature of Signing Officer or Director

Date