

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000035880

1. Entity Name
RALU CORPORATION



Principal Place of Business
**11035 S.W. 40TH ST.
MIAMI, FL 33165**

Mailing Address
**11035 S.W. 40TH ST.
MIAMI, FL 33165**



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0492096** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**IBARRA, RAYMOND
11035 SW 40TH ST
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent signature required when reinstating)

ANA IBARRA

DATE

3/30/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | DP |
| NAME | IBARRA, LUIS F |
| STREET ADDRESS | 11035 S.W. 40TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | DV |
| NAME | IBARRA, RAYMOND |
| STREET ADDRESS | 11035 S.W. 40TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | DS |
| NAME | IBARRA, ANA |
| STREET ADDRESS | 11035 S.W. 40TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | DT |
| NAME | IBARRA, LUIS E |
| STREET ADDRESS | 11035 S.W. 40TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

ANA IBARRA

Date

3/30/05

(305) 221-0671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #