
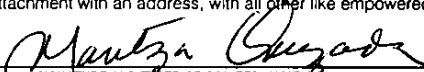


**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                       |                                                                                                          |                                                                                   |         |
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| <b>DOCUMENT # P94000080754</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                       |                                                                                                          |  |         |
| <b>1. Entity Name</b><br>RACSO, CORPORATION                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                       |                                                                                                          |                                                                                   |         |
| <b>Principal Place of Business</b><br>710 WEST 20TH STREET<br>HIALEAH, FL 33016                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                       | <b>Mailing Address</b><br>710 WEST 20TH STREET<br>HIALEAH, FL 33016                                      |                                                                                   |         |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                       | <b>3. Mailing Address</b>                                                                                |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                       | Suite, Apt. #, etc.                                                                                      |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                       | City & State                                                                                             |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Country                                                                                               | Zip                                                                                                      |                                                                                   | Country |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                       |                                                                                                          |                                                                                   |         |
| QUEZADA, MARITZA<br>710 WEST 20TH STREET<br>HIALEAH, FL 33016                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                       |                                                                                                          | Name                                                                              |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                       |                                                                                                          | Street Address                                                                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                       |                                                                                                          |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                       |                                                                                                          | City                                                                              |         |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>                                                                                                                                                                                                                                                                                                          |  |                                                                                                       |                                                                                                          |                                                                                   |         |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>                                                                                                                                                                                                                                                                      |  |                                                                                                       |                                                                                                          |                                                                                   |         |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                       | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Ad |                                                                                   |         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                       |                                                                                                          |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                      |  | PVST<br>QUEZADA, MARITZA<br>710 WEST 20TH STREET<br>HIALEAH, FL 33016 <input type="checkbox"/> Delete |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                      |  | D<br>QUEZADA, MARITZA<br>710 WEST 20TH STREET<br>HIALEAH, FL 33016 <input type="checkbox"/> Delete    |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Delete                                                                       |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Delete                                                                       |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Delete                                                                       |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Delete                                                                       |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                |         |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., changed, or on an attachment with an address, with all other like empowered.</b> |  |                                                                                                       |                                                                                                          |                                                                                   |         |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                              |  |                                                                                                       |                                                                                                          |                                                                                   |         |