## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P94000080754 02-15-2008 90008 044 \*\*\*150.00 1. Entity Name RACSO, CORPORATION Principal Place of Business Mailing Address 710 WEST 20TH STREET 710 WEST 20TH STREET HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0532250. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUEZADA, MARITZA Street Address (P.O. Box Number is Not Acceptable) 710 WEST 20TH STREET HIALEAH, FL 33016 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition QUEZADA, MARITZA NAME NAME STREET ADDRESS 710 WEST 20TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition QUEZADA, MARITZA NAME STREET ADDRESS 710 WEST 20TH STREET STREET ADORESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change ■ Addition NAME NAME STREET ADDRESS 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-08

Daytime Phone

FILED

Feb 15, 2008 8:00 am