

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2008 8:00 am
Secretary of State

DOCUMENT # **P 95000002130**

05-21-2008 90034 001 ***150.00
05-21-2008 90034 002 *****8.75

1. Entity Name

ISMAEL RAYO INC

DO NOT WRITE IN THIS SPACE

66011130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1825 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 425 City & State COVINGTON FL Zip 33134 Country USA		3. Mailing Address THE SAME Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0551517	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent Name ISMAEL RAYO Street Address (P.O. Box Number is Not Acceptable) 1825 PONCE DE LEON BLVD SUITE 425 City COVINGTON FL Zip Code 33134	
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT RAYO ISMAEL RAYO 1825 PONCE DE LEON BLVD SUITE 425 COVINGTON, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **04-25-08** **786-229-9814**