## 2004 FOR PROFIT CORPORATION

## May 03, 2004 08:00 AN ANNUAL REPORT. **Secretary of State** DOCUMENT # P96000019490 1. Entity Name RAY'S GUEST HOUSE, INC. Principal Place of Business Mailing Address 417 NE 27TH ST 6969 COLLINS AVE MIAMI, FL 33137 #706 MIAMI BEACH, FL 33141 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0840419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RODRIGUEZ, JOSE R DO NOT WRITE 275 FONTAINEBLEAU BLVD, SUITE 135 MIAMI, FL 33172 IN THIS SPACE 5. 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 NOWILL FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. FITTLE U00000151488 05/04/04-80048-006 150.00 RODRIGUEZ, FELIX R NAME 6969 COLLINS AVE #706 STREET ADDRESS CHY ST-AP MIAMI BEACH, FL 33141 HILE NAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CD14-SI-ZIP IN THIS SPACE HILE NAME STREET ADDRESS Cily-S1-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 Turther 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 507. 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Felix R. Rodriquez 428/04