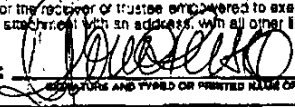


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90168 036 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000056916					
1. Entity Name RAVES IMPORT & EXPORT, INC					
Principal Place of Business 5291 MIDDLE COURT ORLANDO, FL 32811 US			Mailing Address 5291 MIDDLE COURT ORLANDO, FL 32811 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent RUSSO, NICOLA P 5291 MIDDLE COURT ORLANDO, FL 32811			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
8. The above named entity submits the 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 _____ DATE _____					
9. Election Campaign Financing True: Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	PO	MELLO, ROBERTO B	5291 MIDDLE CT ORLANDO, FL 32811	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	VPS	RUSSO, NICOLA P	5291 MIDDLE CT ORLANDO, FL 32811	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 amendment with an address, with all other like empowered.					
SIGNATURE:  DATE: 4/20/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

20055515



34292005 Cng-P CR2E034 (10/03)

4. FEI Number **50-3460716** Applied For (Not Applicable)5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

AGENT OF STATE ONLY

FL Zip Code