## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000072162**

1. Entity Name

RAVINCAR ENTERPRISES, INC.



Principal Place of Business

8610 NW 21 CT. Sunrise, Fl. 33322 Mailing Address

8610 NW 21 CT. Sunrise, Fl. 33322 FILED Aug 18, 2008 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

08052008 No Chg-P CR2E0

CR2E034 (11/05)

4. FE1 Number 65-0780668 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DURAN, CARLOS J 8610 NW 21 CT. SUNRISE, FL 33322

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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, the obligations of registered agent.	I am familiar with, and accept
SI	GNATURE	

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

(NOTE: Registered Agent argneture required when reinstalling)

DATE

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
THILE NAME STREET ADDRESS CITY-ST-ZIP	DP DURAN, CARLOS J 8610 NW 21 CT. SUNRISE, FL 33322
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

\$\000000957863 08/18/08-80003-005 550.00

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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.

SIGNATURE:

LATURE FOR TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/14/08 954-142-3484