2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000010473

1. Entity Name
RRAAM, INC.

Principal Place of Business	Mailing Address
4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32802	4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE

03052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3570917
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	IBANEZ, RECTO T
STREET ADDRESS	PO BOX 997576
CITY-ST-ZIP	PAGO PAGO,SAMOA, 96799
TITLE	S
NAME	IBANEZ, MARISON J
STREET ADDRESS	PO BOX 997576
CITY-ST-ZIP	PAGO PAGO,SAMOA, 96799
TITLE	VP
NAME	DE JUAN, MARIVIC
STREET ADDRESS	PO BOX 4183
CITY-ST-ZIP	PAGO PAGO, AM, SAMOA 96799,
TITLE	T
NAME	AMIT, GLICERIO JR
STREET ADDRESS	PO BOX 4183
CITY-ST-ZIP	PAGO PAGO, AM, SAMOA 96799,
TITLE	D
NAME	IBANEZ, IRIS T
STREET ADDRESS	PO BOX 4183
CITY-ST-ZIP	PAGO PAGO, AM, SAMOA 96799,
TITLE	D
NAME	MARQUARDT, MARLENE G
STREET ADDRESS	18949 NW 77TH PLACE
CITY-ST-ZIP	MIAMI, FL 33015

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U00000716614
04/30/07-80015-010 158.75

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: MARISON IBANEZ 4/10/07 684-699-0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #