
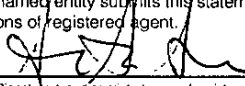
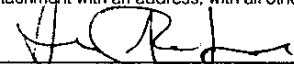


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 016 ***158.75

DOCUMENT # P99000018446 1. Entity Name RAGGED & BRENZO INTERNATIONAL, CORP.			
Principal Place of Business 777 NW 72 AVENUE 2 H 11 MIAMI, FL 33126		Mailing Address 777 NW 72 AVENUE 2 H 11 MIAMI, FL 33126	
2. Principal Place of Business 4100 NE 1ST AVENUE Suite, Apt. #, etc. SUITE # 1		3. Mailing Address 4100 NE 1ST AVENUE Suite, Apt. #, etc. SUITE #1	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33137 Country USA		Zip 33137 Country USA	
4. FEI Number 65-0910886		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARA, JUAN F 777 N W 72 AVENUE SUITE 2 H 11 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name LARA, JUAN FELIPE Street Address (P.O. Box Number is Not Acceptable) 4100 NE 1ST AVENUE SUITE #1 City MIAMI FL Zip Code 33137	
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 04-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARA, JUAN FELIPE 777 NW 72 AVENUE SUITE 2 H 11 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARA, JUAN FELIPE 4100 NE 1ST AVENUE SUITE #1 MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARBELAEZ, JUAN FERNANDO 777 NW 72 AVENUE SUITE 2 H 11 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 04-21-05 Daytime Phone # 305-673-9221	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			