

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

6. Name and Address of Current Registered Agent

LARA, JUAN F
777 N W 72 AVENUE SUITE 2 H 11
MIAMI, FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-21-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$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 1 ST 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-05

305-573-9221

Date

Daytime Phone #