2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an ap

SIGNATURE:

Feb 13, 2008 08:00 AM Secretary of State DOCUMENT # P99000077510 1. Entity Name R & A PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 1001 SW 22 STREET MIAMI FL 33129 1001 SW 22 STREET MIAMI FL 33129 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0952250 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUIROS, JOSE J Street Address (P.O. Box Number is Not Acceptable) 444 S.W. 64TH COURT **MIAMI FL 33144** Zip Code 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, typod or distried name of registered agent and the if applicable. (NOTE: Registreed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition ☐ Change NAME GONZALEZ, ARTURO NAME U00000825880 STREET ADDRESS 1001 SW 22 ST. STREET ADDRESS 02/21/08-80027-014 150.00 CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF NTLE ☐ Delete ☐ Change Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1~ZIP CITY-ST-ZIP TITLE ☐ Deiete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CONVIST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate this that his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

CER OR DIRECTOR

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