

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000081183

1. Entity Name
RAS DEVELOPMENT, INC.



Principal Place of Business
232 ANDALUSIA AVE
STE 300
CORAL GABLES, FL 33134

Mailing Address
232 ANDALUSIA AVE
STE 300
CORAL GABLES, FL 33134

\$150.00

FILED

04 MAY -7 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 No Chg-P CR2E034 (10/03)

04

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4. FEI Number
65-0948356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANOWITCH, PETER
232 ANDALUSIA AVE
STE 350
CORAL GABLES, FL 33134

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

100036557831
05/18/04--01062--020 **350.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANCHEZ, RALPH
9540 JOURNEY'S END RD.
CORAL GABLES, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DOMINICIS, JORGE L
8200 SW 156 ST
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RA
YANOWITCH, PETER
800 BRICKELL AVE., SUITE 550
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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

JORGE L. DOMINICIS

March 1, 2004

Date

Daytime Phone #

305-446-5225

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