


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90102 025 ***550.00

DOCUMENT # S16765		
1. Entity Name INVERSIONES RAIGU CORP.		

Principal Place of Business 200 S BISCAYNE BLVD. #4100 MIAMI, FL 33131 US	Mailing Address 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131
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40095771



2. Principal Place of Business 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL Zip 33134 Country US		3. Mailing Address 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL Zip 33134 Country US	
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01062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0263784		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATE INTER REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Registered Agent Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Road Suite 580 City Coral Gables FL Zip Code 33134

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]* DATE 1/24/06
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, 2006 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	DP GARBATI, MARIA C 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARBATI, MARIA C. 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES FL33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LESSEUR, GUILLERMO 200 S. BISCAYNE BLVD., STE. 4100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LESSEUR, GUILLERMO c/o 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <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 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: *[Signature]* DATE 5/08/03 DAYTIME PHONE # 954 653 3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR