2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ROBERTO RAMIREZ

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # \$32426 1. Entity Name 03-19-2007 90065 035 ***158.75 RAISA CONSTRUCTION CORP. Principal Place of Business Mailing Address 2213 S.W. 58TH COURT 2213 S.W. 58TH COURT MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0239372 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERTO KAMIREZ FERNANDEZ, RAUL Street Address (P.O. Box Number is Not Acceptable) 2213 S.W. 58TH COURT **MIAMI FL 33155** 2213 S.W. 58 C+ City MIAMI 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 agen SIGNATURE (NOTE: Registered Agent algorithms required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition Delete MID HILLE Ramirez, Roberto 2213 S.W. 58C+ MIAMI, FL 33155 RAMIREZ, ROBERTO NAME NAME 2213 S.W. 58TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY ST-ZIP CITY ST ZIP RAUL FERNANDEZ 2213 S.W. 58 C+ HTLE. ☐ Addition ЩЦ ☐ Defeic FERNANDEZ, RAUL NAME NAME 2213 SW 58 CT STREET ADDRESS STREET ADDRESS mimmi . FL 33155 **MIAMI FL 33155** CITY ST ZIP CITY ST-ZIP ☐ Dolete. mu TITLE NAME NAM STREET ADDRESS STRICT ADDRESS CITY SI 7/P CHY SI-7IF ☐1 Channe ☐ Addition om ☐ Defete THE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY ST-ZIE Addition TITLE Delete 11101 NAME STREET ADDRESS STREET ADDRESS CSIY+SI+ZIP CITY ST ZIP TITLE Change ☐ Addition Delete THILE NAME NAMI STREET ADDRESS STREET ADDRESS CHY S1-7IP CHY SEZIP 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 and that my signature shall have the same legal effect as if made under eath; 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.

FILED