

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # V47515

1. Entity Name
NEW RABAR CORPORATION



Principal Place of Business
**45 S.W. 8TH AVENUE
MIAMI, FL 33130**

Mailing Address
**45 S.W. 8TH AVENUE
MIAMI, FL 33130**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0345619	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

**GONZALEZ, FRANCISCO
45 S.W. 8TH AVENUE
MIAMI, FL 33130**

**DO NOT WRITE
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's signature required when resigning)

DATE

**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

TITLE	PD
NAME	GONZALEZ, FRANCISCO D
STREET ADDRESS	305 NORTH COCONUT LANE
CITY - ST - ZIP	MIAMI BEACH, FL 331395163

TITLE	STD
NAME	GONZALEZ, MARIA AMELIA
STREET ADDRESS	305 NORTH COCONUT LANE
CITY - ST - ZIP	MIAMI BEACH, FL 331395163

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/04/06-80104-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 officers or directors.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 305-3250221