


2004 FOR PROFIT
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90028 047 ***150.00

DOCUMENT # P01000117115

1. Entity Name
RACHEL DEB MARKETING, INC.



Principal Place of Business
**425 BEACH PK BLVD
 VENICE, FL 34285**

Mailing Address
**425 BEACH PK BLVD
 VENICE, FL 34285**

94057954



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number
65-1159635

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MULLOY, WILLIAM
 425 BEACH PK BLVD
 VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TANZER, RACHEL	
STREET ADDRESS	760 METROPOLITAN AVE	
CITY-ST-ZIP	BROOKLYN, NY 11211	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DEBORAH	
STREET ADDRESS	PO BOX 295	
CITY-ST-ZIP	HUDSON, NH 03051	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLOY, WILLIAM	
STREET ADDRESS	425 BCH PK BLVD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis-McLeod, Deborah	
STREET ADDRESS	1821 Sweetwater West Circle	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William M. Mulloy* **WILLIAM M. MULLOY** **4/16/04** **941-484-1545**
Signature and Typed or Printed Name of Signing Officer or Director Date Day/Phone #