

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**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



04242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-1159635  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  
 MULLOY, WILLIAM  
 425 BEACH PK BLVD  
 VENICE, FL 34285

**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: \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANZER, RACHEL 760 METROPOLITAN AVE BROOKLYN, NY 11211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS-MCLEOD, DEBORAH 1821 SWEETWATER WEST CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLOY, WILLIAM 425 BCH PK BLVD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/28/05-80049-024 150.00

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 Mulloy* 4/25/05 (941) 484-1545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #