


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K82408</b> 1. Entity Name <b>RAUCHMAN + ASSOCIATES, INC.</b>		
Principal Place of Business <b>ROBERT A. RAUCHMAN 5210 SW 60TH PLACE MIAMI, FL 33155</b>	Mailing Address <b>ROBERT A. RAUCHMAN 5210 SW 60TH PLACE MIAMI, FL 33155</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>RAUCHMAN, ROBERT A. 5210 SW 60TH PLACE MIAMI, FL 33155</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUCHMAN, ROBERT A. 5210 SW 60TH PLACE MIAMI, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.  <b>SIGNATURE: <i>Robert A. Rauchman</i> ROBERT A. RAUCHMAN 3/10/05 305 663 9432</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0115071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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03/19/05-80036-002 150.00