2006 FOR PROFIT CORPORATION ... ANNUAL REPORT

Mar 23, 2006 08:00 AM DOCUMENT # K82408 **Secretary of State** RAUCHMAN + ASSOCIATES, INC. Principal Place of Business Mailing Address ROBERT A. RAUCHMAN ROBERT A. RAUCHMAN 5210 SW 60TH PLACE 5210 SW 60TH PLACE MIAMI, FL 33155 MIAMIL FL 33155 No Chg-P 03032006 CRZE034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0115071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAUCHMAN, ROBERT A. DO NOT WRITE 5210 SW 60TH PLACE MIAMI, FL 33155 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 signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees <u>Unnana478681</u> 10. OFFICERS AND DIRECTORS 04708706-80015-007 150,00 717LE RAUCHMAN, ROBERT A. NAME STREET ADDRESS 5210 SW 60TH PLACE CITY-ST-ZIP MIAMI, FL. TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-20 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-IT me MAME STREET ADDRESS CITY-ST-702

12. Thereby certify that the information supplied with this filling 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 eath; that I am an efficier 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 exactiment with an address, with all other like expowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KOBERT A. KAUCHMAN 3/2

FILED

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