2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2008 08:00 A **Secretary of State** DOCUMENT # K82408 1. Entity Name 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 MIAMI, FL 33155 CR2E034 (11/05) No Chg-P 03112008 DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 65-0115071 Not Applic \$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 acc the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE ture, typed or printed name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing U000000868338 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RAUCHMAN, ROBERT A. NAME **5210 SW 60TH PLACE** STREET ADDRESS CITY-ST-ZIP MIAMI, FL. TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP

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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 eath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered:

TITLE NAME STREET ADDRESS CITY-ST-ZIP