

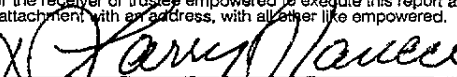


FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 422066 1. Entity Name RAUCCI, INC.				Secretary of State	
Principal Place of Business 520 DIANNE BLVD. MERRITT ISLAND, FL 32953		Mailing Address 520 DIANNE BLVD. MERRITT ISLAND, FL 32953			
DO NOT WRITE IN THIS SPACE					
				02062004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 59-1469033	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAUCCI, LARRY 520 DIANNE BLVD MERRITT ISLAND, FL 32953				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S MANDATO, L 300 RAQUETTE CT MERRITT ISLAND, FL 32953			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP NACCA, S 236 VIA DEL LA RINA MERRITT ISLAND, FL 32953			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D RAUCCI, MARY 470 GAILS WAY MERRITT ISLAND, FL 32953			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PT RAUCCI, L 520 DIANA BLVD. MERRITT ISLAND, FL 32953			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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:  2-6-2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					