

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90035 042 ***150.00

DOCUMENT # 605125

1. Entity Name
CUNNINGHAM & RASKIN, INC.



Principal Place of Business

7710 NW 71ST COURT
STE 101
TAMARAC, FL 33321 US

Mailing Address

7710 NW 71ST COURT
STE 101
TAMARAC, FL 33321 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1529407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAFIA, DANIEL
7710 N. W. 71 COURT
SUITE 101
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name

Thomas Luthringer

Street Address (P.O. Box Number is Not Acceptable)

7710 NW 71st Court

Suite 101

City

Tamarac

FL

Zip Code 33321

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]
Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/22/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAFIA, DANIEL	
STREET ADDRESS	7710 N. W. 71ST COURT	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	AYERS, MELISSA	
STREET ADDRESS	7710 N.W. 71ST COURT	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	TURKER, JOHN	
STREET ADDRESS	7710 NW 71ST COURT	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Luthringer	
STREET ADDRESS	7710 NW 71st Ct, Ste 101	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Bibb	
STREET ADDRESS	7710 NW 71st Ct, Ste 101	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Bafia	
STREET ADDRESS	7710 NW 71st Ct, Ste 101	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04
Date

954 722 9100
Daytime Phone