

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90165 025 \*\*\*150.00

**DOCUMENT # F02000002074**

1. Entity Name  
**RABENCO INCORPORATED**



Principal Place of Business  
**10097 DIAMOND LAKE RD.  
BOYNTON BEACH, FL 33437**

Mailing Address  
**PO BOX 741157  
BOYNTON BEACH, FL 33474-1157**

**66000973**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**06-1126082**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KLEIN, DAVID  
10097 DIAMOND LAKE RD.  
BOYNTON BEACH, FL 33437**

**DO NOT WRITE  
IN THIS SPACE**

B. 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 acknowledge the obligations of registered agent.

SIGNATURE

*David Klein*

**1/5/2006**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
KLEIN, DAVID  
PO BOX 741157  
BOYNTON BEACH, FL 334741157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
KLEIN, LEONA  
PO BOX 741157  
BOYNTON BEACH, FL 334741157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 changed, or on an attachment with an address, with all other like empowered.

*David Klein*

**DAVID KLEIN PRESIDENT 2/6/06**



ATTACHMENT

66 000 973

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2006

RABENCO INCORPORATED  
PO BOX 741157  
BOYNTON BEACH, FL 33474-1157

Subject: RABENCO INCORPORATED

Reference Number: F02000002074

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation. *line 12*

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/jd  
ANNUAL REPORTS SECTION

*ATA CLERK  
SORY FOR  
MIS HANDLING FORM  
SAB*