

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H32562

1. Entity Name
RAYEM MANAGEMENT CORP.



Principal Place of Business

% MURRAY SINGER
467 TAMARIND DRIVE
HALLANDALE, FL 33009

Mailing Address

% MURRAY SINGER
467 TAMARIND DRIVE
HALLANDALE, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH, FL

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SINGER, MURRAY
467 TAMARIND DRIVE
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name

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

City

HALLANDALE BEACH

FL Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SINGER, MURRAY
STREET ADDRESS 467 TAMARIND DRIVE
CITY-ST-ZIP HALLANDALE, FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

HALLANDALE BEACH, FL

TITLE D
NAME SINGER, DORIS
STREET ADDRESS 1360 HALMBURGTPKE UNIT 6
CITY-ST-ZIP WAYNE, NJ 07470



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change- Addition

TITLE
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STREET ADDRESS
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Change Addition

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Change Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

Murray Singer

Office of the Pres

**FILED
Jan 18, 2005 8:00 am
Secretary of State**

01-18-2005 90029 018 ***150.00

40001444



01122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2479769 Applied For
 Not Applicable

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