

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90299 001 \*\*\*150.00

<b>DOCUMENT # H91862</b> 1. Entity Name <b>RAHN/ALEXANDRIA, INC.</b>			
Principal Place of Business <b>1808 SE 7 ST.</b> <b>FORT LAUDERDALE, FL 33316 US</b>		Mailing Address <b>P.O. BOX 460430</b> <b>FORT LAUDERDALE, FL 33346-0430 US</b>	
2. Principal Place of Business <b>12221 NW 7th Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>12221 NW 7th Dr.</b> Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS, FL</b> Zip <b>33071</b>		City & State <b>CORAL SPRINGS, FL</b> Zip <b>33071</b>	
4. FEI Number <b>59-2642110</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDV</b> <b>ANDERSON, JOHN H.</b> <b>1808 SE 7 ST.</b> <b>FORT LAUDERDALE, FL 333165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROBERTS, PETER H.</b> <b>2857 PARADISE RD., APT. 3004</b> <b>LAS VEGAS, NV 89109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>STIRK, ROBERT J.</b> <b>3231 NW 108TH DRIVE</b> <b>CORAL SPRINGS, FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u>Robert J. Stirk</u> <b>Robert J. Stirk</b>		<b>4-23-05</b> <b>954-753-0785</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	