

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # J13778**

1. Entity Name  
**RAGS PLUS INC.**



Principal Place of Business  
**C/O THOMAS PRITIKIN  
261 N.W. 23 STREET  
MIAMI, FL 33127 US**

Mailing Address  
**C/O THOMAS PRITIKIN  
261 N.W. 23 STREET  
MIAMI, FL 33127 US**

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 19, 2004 8:00 am  
Secretary of State**

03-19-2004 90063 023 \*\*\*150.00



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2671870</b>	Applied For 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

**PRITIKIN THOMAS A  
261 NW 23 ST  
MIAMI, FL 33127**

**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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP PRITIKIN THOMAS A 261 NW 23 ST MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PRITIKIN, SHERYL M 261 NW 23ST MIAMI, FL MIAMI</b>
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sheryl M. Pritikin*

*3/16/04 305-324-8300*

Date

Daytime Phone #