2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J13778

1. Entity Name
RAGS PLUS INC.

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

DO NOT WRITE IN THIS SPACE

01222005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2671870		Not Applicable

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

6. Name and Address of Current Registered Agent

PRITIKIN THOMAS A
261 NW 23 ST
MIAMI, FL 33127

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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

TITLE	SVP
NAME	PRITIKIN THOMAS A
STREET ADDRESS	~~261 NW 23 ST~~ 1038 NW 21 Terr
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	P
NAME	PRITIKIN, SHERYL M
STREET ADDRESS	~~261 NW 23 ST~~ 1038 NW 21 Terr
CITY-ST-ZIP	MAIMI, FL 33127
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	

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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: _____   1/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #