

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-18-2005 90067 012 \*\*\*150.00

**DOCUMENT # J74656**

1. Entity Name  
**RAUZIN-KRAMER CORPORATION**



Principal Place of Business  
**195 S.W. 15TH ROAD  
SUITE 502  
MIAMI, FL 33129 US**

Mailing Address  
**195 S.W. 15TH ROAD  
SUITE 502  
MIAMI, FL 33129 US**

**20022714**



2. Principal Place of Business  
**4535 NAUTILUS CT,  
Suite, Apt. #, etc.**

3. Mailing Address  
**4535 NAUTILUS CT  
Suite, Apt. #, etc.**

01262005 Chg-P CR2E034 (10/03)

City & State  
**MIAMI BEACH FL**  
Zip  
**33140** Country

City & State  
**MIAMI BEACH, FL**  
Zip  
**33140** Country

4. FEI Number  
**59-2939743** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RAUZIN, ALLAN  
195 S.W. 15TH ROAD  
SUITE 502  
MIAMI, FL 33129**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4535 NAUTILUS CT.**  
City **MIAMI BEACH** FL Zip Code **33140**

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

*Alan Rauzin*

**ALAN RAUZIN**

**3-14-05**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RAUZIN, ALLAN  
195 S.W. 15TH ROAD #502  
MIAMI, FL 33129** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
GIMENEZ, CAROL  
5861 S.W. 90TH COURT  
MIAMI, FL 33173** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ALAN RAUZIN  
4535 NAUTILUS CT.  
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CAROL GIMENEZ  
5861 S.W. 90TH COURT  
MIAMI, FL 33173** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

*Alan Rauzin* **ALAN RAUZIN**

**3/14/05**

**305-968-7505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #