


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K01008 1. Entity Name RAHCO INTERNATIONAL, INC.	
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Principal Place of Business 850 A1A BEACH BLVD, #121 SAINT AUGUSTINE, FL 32080-6954 US	Mailing Address 850 A1A BEACH BLVD, #121 SAINT AUGUSTINE, FL 32080-6954 US
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(K01008=====P)

04242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2870431	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOSER, ALVIN L. 850 A1A BEACH BLVD, #121 SAINT AUGUSTINE, FL 32080-6954
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**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, 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 MOSER, ALVIN L. 850 S A1A BEACH BLVD #121 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARA-MOSER, OLGA P. 850 S A1A BEACH BLVD #121 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARA, RAUL 6832 MINDELLO ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000332719
04/26/05-80070-001 150.00

**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)(f), 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:

Alvin L. Moser ALVIN L. MOSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/05 904-461-9931