

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90245 026 \*\*\*150.00

**DOCUMENT # K49170**

1. Entity Name  
**RAHN PIER MGT., INC.**



Principal Place of Business

**501 E CAMINO REAL  
CORPORATE OFFICE  
BOCA RATON, FL 33432 US**

Mailing Address

**P O BOX 5025  
CORPORATE OFFICE  
BOCA RATON, FL 33431 US**

**02252004**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0093227**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES INC  
1 SE 3RD AVE  
28TH FLOOR  
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete  
NAME **HANDLEY, RICHARD L**  
STREET ADDRESS **450 E LAS OLAS BLVD #1500**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **V/S/D** ☒ Change ☐ Addition  
NAME **HANDLEY, RICHARD L**  
STREET ADDRESS **450 E. LAS OLAS BLVD. #1500**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE P ☐ Delete  
NAME **FEDER, DAVID S**  
STREET ADDRESS **501 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

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

TITLE VD ☐ Delete  
NAME **MOOR, WAYNE**  
STREET ADDRESS **501 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE V ☒ Change ☐ Addition  
NAME **MOOR, WAYNE**  
STREET ADDRESS **501 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE VT ☐ Delete  
NAME **FINOCCHIARO, MARY JO**  
STREET ADDRESS **501 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME **STIRK, ROBERT**  
STREET ADDRESS **501 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: MaryJo Finocchiaro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MaryJo Finocchiaro* 4/16/04

Date

**561-447-5302**

Daytime Phone #