



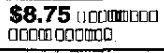

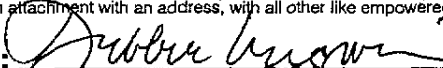


FILED
Apr 26, 2004 08:00 AM
Secretary of State

1. Entity Name RACHAEL, INC.			
Principal Place of Business 4900 LINTON BLVD. DELRAY BCH., FL 33445		Mailing Address 4900 LINTON BLVD. DELRAY BCH., FL 33445	
DO NOT WRITE IN THIS SPACE			
		02252004  	
		4. FEI Number 59-2690987	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 	
6. Name and Address of Current Registered Agent DEBBIE INGWER 3234 ST ANNES WAY BOCA RATON, FL 33496		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGWER, DEBBIE 3234 ST ANN'S DRIVE BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOSKOWITZ, ALBERT 11001C LADERA LANE BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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:  DEBBIE INGWER		4/22/2004 561-498-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	