

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019636

FILED
Apr 27, 2005
Secretary of State

Entity Name: RUCHOCKI MANAGEMENT, INC.

Current Principal Place of Business:

C/O MARK SCOTT, ESQUIRE
1770 MICANOPY AVENUE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

1770 MICANOPY AVENUE
C/O MARK SCOTT, ESQUIRE
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 65-0996405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCOTT, MARK ESQ
1770 MICANOPY AVENUE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD (X) Delete
Name: RUCHOCKI, ROSE D
Address: 9801 COLLINS AVENUE, SUITE 19W
City-St-Zip: BAL HARBOUR, FL 33154

Title: PD () Delete
Name: LEVIN, REGINA M
Address: C/O M SCOTT, ESQ, 1770 MICANOPY AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SCOTT

D

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date