


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000094521
 1. Entity Name
RACK CAPITAL MANAGEMENT CORP.



Principal Place of Business PO BOX 550171 FT LAUDERDALE, FL 33325-0171 US	Mailing Address PO BOX 550171 FT LAUDERDALE, FL 33325-0171 US
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08152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1064223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JENSEN, ANA M
 13201 SW 28TH PLACE
 DAVIE, FL 33330**

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: *Ana M. Jensen* — *Secretary* 8-15-05
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
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUPO, KYLE 13220 SW 28 PL DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUPO, CINDY 13220 SW 28 PL DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENSEN, RICK 13201 SW 28 PL DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, ANA 13201 SW 28 PL DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUPO, KYLE G PRESIDE 13220 SW 28 PL DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UNIT00376617
 08/18/05-80001-003 150.00

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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: *Ana M. Jensen* 8-15-05 954445-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #