## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

|  | ANNUAL   |  |  | ****<br>T  | Se                                    | cretary of Sta   |
|--|--|--|--|--|---------------------------------------|--|
| DOCUMENT # P01000061209  |  |  |  |  |                                       | ciciary or Sia   |
| 1. Entity Name RAKOFSKY MANAGEMENT, INC.   |  |  |  | ) ·  |                                       |  |
|  | , , , , , , , , , , , , , , , , , , ,  |  |  | <b>'</b>   |                                       | •  |
| Principal Pla  | ace of Business  | Mailing Address  |  | -  |                                       |  |
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| CORAL GABLES, FL 33134   |  | CORAL GABLES, FL 33134   |  | ! !! <b>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</b>  | <br>                                  | BONG ONON NONE HON ORNO ISHTER IN FOU  |
| he. Page 3   | See Section 1  | of the second of the second of   | e de description   |  |                                       |  |
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| The state of the s |  |  |  | 4. FEI Number 65-11158   | સવલ                                   | Applied For Not Applicable   |
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|  | tarte . * No. *  |  |  | 5. Certificate of  | Status Desired                        | Fee Required   |
|  | 6. Name and Address of Current Re  | gistered Agent   | - Juniarianin mafer  | and the second   |                                       | The state of the state of  |
|  | KY, SANFORD I MD   |  | er to spirit   | TOO I  | NOT W                                 | SITE WAY WORK  |
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|  |  |  | June Company   | មានស្រ្តីដូចិត្ត និស៊ី<br>រ  |                                       |  |
| 9 The above  | ve named entity submits this statement for th  |  | 11, 1 at 21, 4 at 2 at 2 at 2  | Y.5  | · · · · · · · · · · · · · · · · · · · | No. 1 t We- with and a t   |
|  | ations of registered agent   | e purpose or changing its region   | (6) в при  | 3780 agent, or bour,   | IN the State of Flore                 | ов. Тапталіна мін, апо вссерс  |
| SIGNATURE.   | :  |  |  |  |                                       |  |
| Oldivalor.c.   | Signature, typed or printed name of registered agent and   | title if applicable (NOTE: Regis:  | tered Agent signature require  | ad when reinstating)   |                                       | DATE   |
|  |  | 9. Election Campaign Fir   | nancina <b>C</b> E   | 5.00 14-110-   |                                       |  |
| After M  | LE NOW!!! FEE IS \$150.00<br>May 1, 2007 Fee will be \$550.00  |  |  | 5.00 May Be<br>Ided to Fees  |                                       |  |
| 10.  | OFFICERS AND DIF   |  | des de la constitución de la con | ., \$8.  | ` 't.,' ' e                           |  |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

mo p hill

Saulus Pouch's

1-10-07

(305) 442, 4020

Daytime Phone #