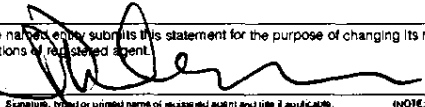


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000098333			
1. Entity Name RAKA HOLDINGS INC.			
Principal Place of Business 1350 NE 27TH WAY POMPANO BEACH, FL 33062		Mailing Address PMB 165, 2637 E. ATLANTIC BLVD POMPANO BEACH, FL 33062-4939	
2. Principal Place of Business 560 SW Harbor St.		3. Mailing Address 1837 S. Federal Hwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34997		Zip 34994	
Country USA		Country USA	
6. Name and Address of Current Registered Agent ANDERSON, RICHARD 1350 NE 27TH WAY POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name Richard Anderson Street Address (P.O. Box Number is Not Acceptable) 560 SW Harbor St. City Stuart FL 34997	
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 		DATE 6/11/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, RICHARD 1350 NE 27TH WAY POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Anderson ☒ Change ☐ Addition 560 SW Harbor St. Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KATHERINE 1350 NE 27TH WAY POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Katherine Anderson ☒ Change ☐ Addition 560 SW Harbor St. Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		6/11/03 772-223-9495	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Katherine Anderson		Daytime Phone #	

CR2034 (10/02)

7/6/17