
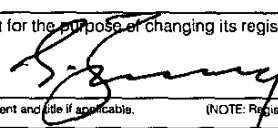
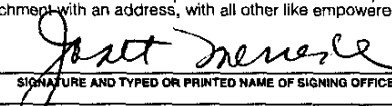


FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90036 035 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000082819 1. Entity Name RAW LAND INVESTMENTS, INC.					
Principal Place of Business 17600 FIELDBROOK CIRCLE BOCA RATON, FL 33496			Mailing Address 205 HUNTER COURT MARLTON, NJ 08053		
2. Principal Place of Business 1000 So Andrews AVE Suite, Apt. #, etc.		3. Mailing Address 17600 FIELDBROOK CIR Suite, Apt. #, etc.			
City & State POMPANO BEACH FL Zip 33069-4613		City & State BOCA RATON FL Zip 33496-1535		4. FEI Number 02-0635534 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 18400 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name S. ZIMMERMAN Street Address (P.O. Box Number is Not Acceptable) 601 NE 26TH AVE City POMPANO BEACH FL Zip Code 33062-4433		
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 S. ZIMMERMAN  <small>Signature, typed or printed name of registered agent and file 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 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	DP WILLTS, ROBERT A 17600 FIELDBROOK CIRCLE BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RICHARD S MERCEDE 17600 FIELDBROOK CIRCLE BOCA RATON FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT JANET A MERCEDE 17600 FIELDBROOK CIRCLE BOCA RATON FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/1/04 Daytime Phone #		