

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000023113**

**1. Entity Name**  
**RACK WIZARDS, INC.**



**Principal Place of Business**  
**8905 SW 108 CIRCLE CT**  
**MIAMI, FL 33176**

**Mailing Address**  
**8905 SW 108 CIRCLE CT**  
**MIAMI, FL 33176**



05082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**56-2430397**

**Added For**  
**Not Added**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MISTRY, NITESH**  
**8905 S.W. 108 CIRCLE COURT**  
**MIAMI, FL 33176**

**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**

Signature must be printed name of registered agent and the fee paid.

NOTE: Registered Agent's signature required when transferring.

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **D**  
**NAME** **MISTRY, NITESH**  
**STREET ADDRESS** **8905 S.W. 108 CIRCLE COURT**  
**CITY-ST-ZIP** **MIAMI, FL 33176**

**TITLE**  
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05/13/05-80007-014 150.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Book 10 or Book 11 if changed, or on an attachment to an address, with a other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2005

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