2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90074 048 ***150.00

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1. Entity Name
RACUCON CORP.

Principal Place of Business
408 N. W 68TH AVENUE #215
PLANTATION, FL 33317

Mailing Address
408 N. W 68TH AVENUE #215
PLANTATION, FL 33317

20013853

02172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 930 HIALEAH DR
Suite, Apt. #, etc.: 4
City & State: HIALEAH, FL
Zip: 33010 Country: US

3. Mailing Address: P O BOX 15008
Suite, Apt. #, etc.:
City & State: PLANTATION
Zip: 33318 Country: US

4. FEI Number: 56-2395431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MERLANO, RADAMES E
408 N. W 68TH AVENUE #215
PLANTATION, FL 33317

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 2-17-05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MERLANO, RADAMES E	
STREET ADDRESS	408 N. W 68TH AVENUE #215	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: [signature] 2-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #