

2005 FOR PROFIT CORPORATION ANNUAL REPORT

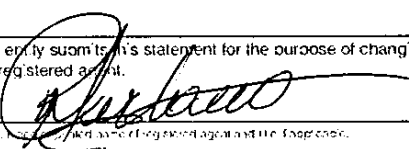
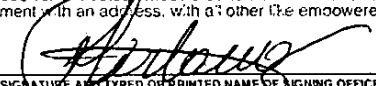
FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 048 ***150.00

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02172005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000095988			
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	
2. Principal Place of Business 930 HIALEAH DR Suite, Apt. #, etc. 4		3. Mailing Address PO BOX 15008 Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State PLANTATION	
Zip 33010 Country US		Zip 33318 Country US	
4. FEI Number 56-2395431		Applied For Not Applied	
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 Accepted) 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 		DATE 2-17-05	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MERLANO, RADAMES E 408 N. W 68TH AVENUE #215 PLANTATION, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 or without the empowered.			
SIGNATURE: 		DATE: 2-17-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	