


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90003 010 ***150.00

DOCUMENT # P03000109184			
1. Entity Name THE RAC GROUP, INC.			
Principal Place of Business C/O MARGOLIN AND MARGOLIN 225 N.E. MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432		Mailing Address C/O MARGOLIN AND MARGOLIN 225 N.E. MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432	
2. Principal Place of Business 700 NE 32 ST Suite, Apt. #, etc.		3. Mailing Address 700 NE 32 ST Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33431		Country USA	
4. FEI Number 20-0584896		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLINA, PETER W 225 N.E. MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Peter Racanello Street Address (P.O. Box Number is Not Acceptable) 700 NE 32 ST Boca Raton FL Zip Code 33431	
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: <i>Peter Racanello Pres.</i> DATE: 7/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RACANELLO, PETER 225 N.E. MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER RACANELLO 700 NE 32 STREET BOCA RATON FL 33431 <input checked="" 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
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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 all other like empowered.			
SIGNATURE: <i>Peter Racanello Pres</i> DATE: 7/12/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			