

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 29, 2005 8:00 am
Secretary of State

04-15-2005 90096 021 ***150.00

DOCUMENT # P04000072833 1. Entity Name RAKAS DESIGN, INC.			
Principal Place of Business P.O. BOX 2614 PALM BEACH FL 33480.		Mailing Address P.O. BOX 2614 PALM BEACH FL 33480	
2. Principal Place of Business 418 30th Street Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.	
City & State West Palm Beach		City & State	
Zip 33407	Country USA	Zip	Country
4. FEI Number 20-1068551		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYER, MARJA 418 30TH STREET WEST PALM BEACH FL 33407		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P BOYER, MARJA 418 30TH STREET WEST PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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)(f), 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, verbal or like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			

ATTACHMENT 66023959
P04000072833

From the Office of ...
Bernstein Accounting & Tax Services, Inc.
Trisha K. Bernstein, Accountant
8874 Dania Drive
Palm Beach Gardens, FL 33410
(561) 624-2889 Fax (561) 624-4721
Email: TrishaKB64@aol.com

June 23, 2005

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed is the information that you sent to my client on April 21, 2005.
Unfortunately, my client was in Finland and has just returned.

If any additional information is needed, please feel free to contact our office directly.

Sincerely,



Trisha Bernstein
Accountant