

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P08000109607

1. Entity Name  
RAKO ENTERPRISES CORP.



FILED

10 JUN 11 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9429 HARDING AVE, #22  
SURFSIDE, FL 33154

Mailing Address  
9429 HARDING AVE, #22  
SURFSIDE, FL 33154



2. Principal Place of Business - No P.O. Box #  
9429 HARDING AVE

3. Mailing Address  
9429 HARDING AVE

Suite, Apt. #, etc.  
SUITE 22

Suite, Apt. #, etc.  
SUITE 22

City & State  
SURFSIDE FL

City & State  
SURFSIDE FL

Zip  
33154

Country  
USA

Zip  
33154

Country  
USA

05062010 Chg-P CR2E034 (11/08)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HERRERA, HUGO  
9429 HARDING AVE, #22  
SURFSIDE, FL 33154

## 7. Name and Address of New Registered Agent

Name

41.

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 24, 2010**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE	P	<input type="checkbox"/> Delete
NAME	RAKOS, PERDO	
STREET ADDRESS	9429 HARDING AVE, #22	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAKOS, BERNARDITA	
STREET ADDRESS	9429 HARDING AVE, #22	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700180472777  
05/06/10--01011--013 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

457 24- 2010

Date

Daytime Phone #