

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90046 040 ***158.75

DOCUMENT # P94000004624			
1. Entity Name RAYMACK ENTERPRISES, INC.			
Principal Place of Business 5001 S UNIVERSITY DRIVE B FORT LAUDERDALE, FL 33324 US		Mailing Address PO BOX 81-7858 HOLLYWOOD, FL 33081-7858 US	
2. Principal Place of Business 6191 ORANGE DR. Suite, Apt. #, etc. Suite 6171		3. Mailing Address Suite, Apt. #, etc.	
City & State DAVIE FLORIDA		City & State	
Zip 33314		Country BROWARD/USA	
6. Name and Address of Current Registered Agent MCKENZIE, RAY W. 5001 S. UNIVERSITY DRIVE SUITE B DAVIE, FL 33328		7. Name and Address of New Registered Agent Name <u>BRUCE KOPLOWITZ</u> Street Address (P.O. Box Number is Not Acceptable) 6191 ORANGE DR. Suite 6171 City <u>DAVIE</u> <u>FL</u> Zip Code <u>33314</u>	
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 <u>Bruce Koplowitz</u> <u>Pres.</u> <u>3-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 <u>P</u> NAME <u>MCKENZIE, RAY W.</u> <input checked="" type="checkbox"/> Delete STREET ADDRESS <u>5001 S. UNIVERSITY DR UNIT B</u> CITY-ST-ZIP <u>DAVIE, FL 33328</u>	TITLE <u>President/Director</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>Bruce Koplowitz</u> STREET ADDRESS <u>6191 ORANGE DR. STE. 6171</u> CITY-ST-ZIP <u>DAVIE FL 33314</u>	TITLE <u></u> <input type="checkbox"/> Delete NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>
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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: <u>Bruce Koplowitz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-12-04</u> <u>954-680-3530</u> <small>Date Daytime Phone #</small>	