FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90020 018 ***150.00

DOCUMENT # P96000029202

1. Entity Name

RAKA INC.

DO NOT WRITE IN THIS SPACE

44008083

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3490 Oleander Ave.	3490 Oleander Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Ft. Pierce, FL	City & State: Ft. Pierce, FL	4. FEI Number: 65-0655421 ☐ Applied For ☑ Not Applicable
Zip: 34982 Country: U.S.A.	Zip: 34982 Country: U.S.A.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LARRY W. STEEVES

Street Address (P.O. Box Number is Not Acceptable): 3490 Oleander Ave.

City: Ft. Pierce FL Zip Code: 34982

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: _____ 2-5-04
Signature (typed or printed) name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LARRY W. STEEVES
STREET ADDRESS	3490 Oleander Ave.
CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE	D
NAME	LARRY W. STEEVES
STREET ADDRESS	41 N. Congress Ave #8B
CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2.5.04 772.240.0947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #