

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90123 028 \*\*\*150.00

**50029623**



<b>DOCUMENT # P97000053686</b> 1. Entity Name <b>RAVE MANAGEMENT, INC.</b>																																																																																													
Principal Place of Business <b>512 SOUTH NOKOMIS AVENUE VENICE, FL 34285</b>			Mailing Address <b>512 SOUTH NOKOMIS AVENUE VENICE, FL 34285</b>																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																											
City & State		City & State																																																																																											
Zip		Country		Zip																																																																																									
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4. FEI Number <b>65-0770413</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																									
6. Name and Address of Current Registered Agent  <b>SAVOCA, CHARLES J M.D. 512 SOUTH NOKOMIS AVENUE VENICE, FL 34285</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																										
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><i>Charles Savoca</i></u> DATE <u>3/14/05</u> <small>Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																										
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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><i>Charles Savoca</i></u> DATE <u>3/14/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																													