## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000085929

Entity Name: RASKIN FINANCIAL, INC.

RASKIN, STEPHANIE L

FORT MYERS, FL 33913

9606 HEMINGWAY LANE, UNIT 3706

Name:

Address:

City-St-Zip:

FILED Apr 06, 2009 Secretary of State

Littly Nai	ille. KAOKII	I FINANCIAL, INC.					
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
8105 SOU MIAMI, FL	THWEST 15 33193	8 PLACE					
Current Mailing Address:			New Mailin	New Mailing Address:			
8105 SOU MIAMI, FL	THWEST 15 33193	8 PLACE					
FEI Number	: 65-0785692	FEI Number Applied For()	FEI Number Not Applic	cable ( )	Certificate of Status Desire	ed ( )	
Name and	l Address of	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:			
RASKIN, E 8105 SW 1 MIAMI, FL	158 PLACE	6					
	named entit e of Florida	y submits this statement for the	e purpose of changing its	s registered off	ice or registered agent,	or both,	
SIGNATUR	RE:						
	Electr	onic Signature of Registered A	gent		Date		
Election Car	npaign Financ	ing Trust Fund Contribution ( ).					
OFFICER	S AND DIRE	CTORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RASKIN, ELL	WEST 158 PLACE	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP RASKIN, MEI 8105 SW 158 MIAMI, FL 33	B PLACE	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S/T RASKIN, ELL 8105 SW 158 MIAMI, FL 33	3 PLACE	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title:	VP (	( ) Delete	Title:	VP (X)	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RASKIN, STEPHANIE L

14027 DAN PARK LOOP

FORT MYERS, FL 33912

SIGNATURE: ELLEN RASKIN P 04/06/2009