


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90268 001 ***300.00

DOCUMENT # P98000021015	
1. Entity Name RAPUNZEL'S, INC.	

Principal Place of Business 7216 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433	Mailing Address 7216 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433
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66426658



2. Principal Place of Business 8158 Glades Road	3. Mailing Address 8158 Glades Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33434	Country
Zip 33434	Country

04062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0818615		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KLEIN, JEFFREY 23123 S.R. #7 #350 B BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, ROBERT 7216 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2830 NE 56th Court Ft. Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROCOLA, PAUL 7216 SAN SEBASTIAN DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2830 NE 56th Court Ft. Lauderdale, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **PAULA TROCOLA** **5/16/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #