

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 APR 12 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064928

1. Entity Name  
RASAN, INC.



Principal Place of Business  
2701 N OCEAN BLVD  
BOCA RATON, FL 33431

Mailing Address  
16731 MCGREGOR BLVD  
SUITE 101  
FORT MYERS, FL 33908

2. Principal Place of Business  
2657 No Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.  
H-9

Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0853878

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANNATI, RALPH  
2701 N OCEAN BOULEVARD  
BOCA RATON, FL 33431

Name  
RALPH CANNATI  
Street Address (P.O. Box Number is Not Acceptable)  
2657 No Ocean Blvd H-9

City BOCA RATON FL Zip Code 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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  
PTD  
CANNATI, RALPH  
2701 N. OCEAN BLVD, SUITE E609  
BOCA RATON, FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2657 Ocean Blvd H-9  
BOCA RATON FL 33431 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
CANNATI, SANDRA  
2701 N. OCEAN BLVD, SUITE 609  
BOCA RATON, FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2657 Ocean Blvd H-9  
BOCA RATON FL 33431 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Pres  
Donna Doyle  
1362 Melaleuca Ln  
Ft Myers, FL 33901 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200032775382  
04/15/04--01011--004 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Ralph Cannati*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RALPH CANNATI

Date

Daytime Phone #

4-3-04 561 362-997.