2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2005 08:00 AM Secretary of State **DOCUMENT # S55749** 1. Entity Name RACHI, P.A. Principal Place of Business Mailing Address 9601 W BROWARD BLVD 5980 NW 81ST TERRACE PLANTATION, FL 33324 PARKLAND, FL 33067 01152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0261965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BRAUN, MICHAEL H DO NOT WRITE 9601 W BROWARD BLVD PLANTATION, FL 33324 IN THIS SPACE 3. 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 reinstering) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! PEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. NTLE BRAUN, MICHAEL H NAME STREET ADDRESS 9601 W BROWARD BLVD CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of the corporation of 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2124105

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Davtime Phone #

FILED