


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000094589 |  |
| 1. Entity Name RASKIN FAMILY INVESTMENTS, INC., | |

| | |
|--|---|
| Principal Place of Business 4349 TREVI COURT LAKE WORTH FL 33467 | Mailing Address 4349 TREVI CT LAKE WORTH FL 33467 US |
|--|---|



MOORE CR2E034 (11/03)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | | |
|----------------------------------|---|---|
| 4. FEI Number 65-0633607 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent |
| RASKIN, RAYMOND A ESQ 4349 TREVI COURT LAKE WORTH FL 33467 |

| |
|--|
| 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
Make Check Payable to Florida Department of State

| | | |
|---|--------------------------|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--------------------------|-----------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> |
| NAME | RASKIN, GLADYS F | |
| STREET ADDRESS | 4349 TREVI COURT | |
| CITY - ST - ZIP | LAKE WORTH FL 33467 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | RASKIN, MARTIN B | |
| STREET ADDRESS | 4349 TREVI COURT | |
| CITY - ST - ZIP | LAKE WORTH FL 33467 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | RASKIN, RAYMOND A | |
| STREET ADDRESS | 164 PACIFIC STREET | |
| CITY - ST - ZIP | BROOKLYN NY 11201 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | RASKIN, JAY R | |
| STREET ADDRESS | 36 HIGHMOUNT AVENUE | |
| CITY - ST - ZIP | WARREN NJ 07059 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---------------------------|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | U00000038156 | | |
| CITY - ST - ZIP | 02/06/04-80126-014 158.75 | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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: *Martin B. Raskin* MARTIN B. RASKIN 2/3/04 439-0339 (561)