

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147693

Entity Name: RAE ANTHONY INC.**Current Principal Place of Business:**8173NORTH UNIVERSITY DR.
APT.72
TAMRAC, FL 33321**Current Mailing Address:**8173NORTH UNIVERSITY DR.
APT.72
TAMRAC, FL 33321 US**FEI Number:** 20-5945269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MC MURRINE, RAE ANTHONY P
8260 S.W. 22ND STREET
APT. # F 109
NORTH LAUDERDALE, FL 33068 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MC MURRINE, RAE ANTHONY
Address	8260 S.W. 22ND STREET APT. # F 109
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	DIR
Name	SMITH, DELORIS
Address	8260 S.W. 22ND STREET APT. # F 109
City-State-Zip:	NOTRH LAUDERDALE FL 33068

Title	P
Name	MCMURRINE, RAE AP
Address	8260 SW 22ND STREET
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	P
Name	MCMURRINE, RAE AP
Address	8260 SW 22ND STREET
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	P
Name	MCMURRINE, RAE AP
Address	8260 SW 22ND STREET
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	P
Name	MCMURRINE, RAE AP
Address	8260 SW 22ND STREET
City-State-Zip:	NORTH LAUDERDALE FL 33068

I hereby 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 all other like empowered.

SIGNATURE: RAE ANTHONY MCMURRINE**PRESIDENT****03/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date