

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002481

Entity Name: RAVE N.P., INC.**Current Principal Place of Business:**430 S. CONGRESS AVE.
SUITE 7
DELRAY BEACH, FL 33445**Current Mailing Address:**430 S. CONGRESS AVE.
SUITE 7
DELRAY BEACH, FL 33445**FEI Number:** 14-1903190**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRAZZEL, CRYSTAL
430 S. CONGRESS AVE.
SUITE 7
DELRAY BEACH, FL 33445 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 DIRECTOR AND PRESIDENT
Name HOPKINS, BARRY
Address 430 S. CONGRESS AVE.
SUITE 7
City-State-Zip: DELRAY BEACH FL 33445Title VICE PRESIDENT AND TREASURER
Name GREECE, RICHARD
Address 430 S. CONGRESS AVE.
SUITE 7
City-State-Zip: DELRAY BEACH FL 33445Title SECRETARY
Name BRAZZEL, CRYSTAL
Address 430 S. CONGRESS AVE.
SUITE 7
City-State-Zip: DELRAY BEACH FL 33445Title DIRECTOR
Name WECHSLER, NORMAN
Address 430 S. CONGRESS AVE.
SUITE 7
City-State-Zip: DELRAY BEACH FL 33445Title DIRECTOR
Name GREENE, ALAN
Address 430 S. CONGRESS AVE.
SUITE 7
City-State-Zip: DELRAY BEACH FL 33445Title DIRECTOR
Name LUNDY, FRANCIS
Address 430 S. CONGRESS AVE.
SUITE 7
City-State-Zip: DELRAY BEACH FL 33445Title DIRECTOR
Name SOLLITTO, VINCENT
Address 430 S. CONGRESS AVE.
SUITE 7
City-State-Zip: DELRAY BEACH FL 33445

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: CRYSTAL BRAZZEL**CORPORATE
SECRETARY****01/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date