


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 28, 2004 8:00 am
Secretary of State

04-09-2004 90024 032 ***150.00

DOCUMENT # P02000063948

1. Entity Name
RAUSMAN OPERATING CORP.



Principal Place of Business Mailing Address

**15 WEST 47TH STREET
 SUITE 510
 NEW YORK NY 11514** **15 WEST 47TH STREET
 SUITE 510
 NEW YORK NY 11514**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number
06-1724922 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KAHN, IRVING
 2725 SOMERSET DR.
 LAUDERDALE LAKES FL 33311**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

COPY

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 rechartering) 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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RAUSMAN, MARTIN	
STREET ADDRESS	280 GRANDVIEW AVENUE	
CITY - ST - ZIP	MONSEY NY 10952	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUSMAN, HERBERT	
STREET ADDRESS	15 WEST 47TH STREET, SUITE 510	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **9/16/04** Daytime Phone # _____

Attachment

106434182

SOMERSET

PHASE IV

AND

PHASE V

2725 SOMERSET DRIVE

LAUDERDALE LAKES, FLORIDA 33311

(954) 485-8666

September 22, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6478
TALLAHASSEE FL 32314

Subject: RAUSMAN OPERATING CORP.
Ref. #: P02000063948

To whom it may concern:

Attached is the completed copy of our Annual Report / Uniform Business Report that you mailed to us requesting that we fill in our Federal EIN.

If there is anything further, please contact the registered agent as follows:

Irving Kahn
2725 Somerset Drive
Lauderdale Lakes FL 33311

Sincerely,

Hilde Johnson

Hilde Johnson
Bookkeeper