
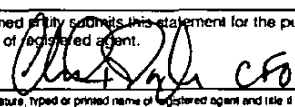
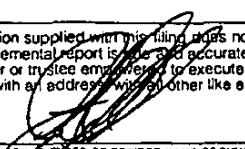


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 048 ***150.00

DOCUMENT # P07000025290			
1. Entity Name RETAIL BUSINESS HOLDING, INC.			
Principal Place of Business 7378 W ATLANTIC BLVD 228 MARGATE, FL 33063		Mailing Address 7378 W ATLANTIC BLVD 228 MARGATE, FL 33063	
2. Principal Place of Business - No P.O. Box # 800 S. Andrews Ave Suite, Apt. #, etc. 202		3. Mailing Address 800 S. Andrews Ave Suite, Apt. #, etc. 202	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33316	Country USA	Zip 33316	Country USA
4. FEI Number 20-8511242		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent Name Retail Business Development Street Address (P.O. Box Number is Not Acceptable) 800 S. Andrews Ave #202 City Fort Lauderdale FL Zip Code 33316	
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:  CFO DATE: 4/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME RALPH, JAMES	TITLE President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Ralph, James
STREET ADDRESS 7378 W ATLANTIC BLVD 228	CITY - ST - ZIP MARGATE, FL 33063	STREET ADDRESS 800 S. Andrews Ave #202	CITY - ST - ZIP Fort Lauderdale, FL 33316
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 where other like empowered.			
SIGNATURE: 		Date: 4/20/08 Daytime Phone #: (954) 302-7797	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	