2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2008 8:00 am
Secretary of State
08-26-2008 90002 018 ***150.00

DOCUMENT # 837301

1. Entity Name

RUSH HOLDINGS, INC.

Principal Place of Business	Mailing Address
4804 BANYAN LANE TAMARAC FL 33319 US	P O BOX 26296 TAMARAC FL 33320-296 US

2nd MOORE CR2E034 (4/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4804 BANYAN LANE	4804 BANYAN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC FL	City & State: TAMARAC FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. FEI Number 59-1679397 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSH, DAVID H. 4804 BANYON LANE TAMARAC FL 33319	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: David H Rush Aug 20, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. X

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD RUSH, DAVID H. P.O. BOX 26296 TAMARAC FL 33320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUSH, MIRIAM N. P.O. BOX 26293 TAMARAC FL 33320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: David H Rush Aug 20, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #