

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 008 ***150.00

DOCUMENT # F96000006498

1. Entity Name
RB DEL MAR, INC.



Principal Place of Business
300 W 43RD ST 4TH FL
NEW YORK, NY 10036 US

Mailing Address
300 W 43RD ST 4TH FL
NEW YORK, NY 10036 US

DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3920478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PCT
NAME BACCANO, RICHARD
STREET ADDRESS 300 WEST 43RD STREET, 4TH FLOOR
CITY - ST - ZIP NEW YORK, NY 10036
Lombard Tolm H. 6208 CHESTNUT OAK LANE LINTHICUM, MD 21090

TITLE VDS
NAME CRESCI, FRANK JR
STREET ADDRESS 300 WEST 43RD STREET, 4TH FLOOR
CITY - ST - ZIP NEW YORK, NY 10036

TITLE D
NAME OSHTRY, NORMAN
STREET ADDRESS 1819 JFK BLVD., SUITE 313
CITY - ST - ZIP PHILADELPHIA, PA 19103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06
Date

772-47-4910
Daytime Phone #