
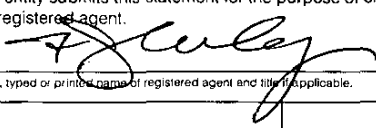
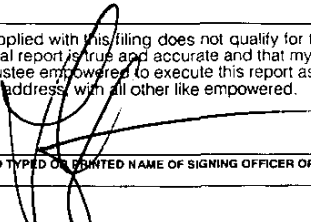


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90023 021 ***150.00

DOCUMENT # H14873 1. Entity Name REBSA, INC.					
Principal Place of Business 259 CORTEZ DR. SAINT AUGUSTINE, FL 32086 US			Mailing Address 120 STATE RD. 312 W., STE. 1 SAINT AUGUSTINE, FL 32086 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 320 HIGH TIDE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201			
City & State		City & State ST AUGUSTINE FL			
Zip	Country	Zip 32080	Country	4. FEI Number 59-2434756	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAINIO, FREDERICK J JR 120 STATE RD. 312 W., STE. 1 SAINT AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name FREDRICK J. WAINIO JR. Street Address (P.O. Box Number is Not Acceptable) 320 HIGH TIDE DRIVE SUITE 201 City ST AUGUSTINE FL Zip Code 32080		
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  Frederick J Wainio Jr 1/5/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DP TORDJMAN, MICHEL P. 259 CORTEZ DR. SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TORDJMAN, BERNADETTE 259 CORTEZ DR. SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:  04/09/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					