


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

2/ **Feb 20, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90013 029 \*\*\*158.75

<b>DOCUMENT # H70845</b> 1. Entity Name <b>R.S.D. ENTERPRISES, INC.</b>	
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Principal Place of Business <b>3050 NORTH 28 TERRACE HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>3050 NORTH 28 TERRACE HOLLYWOOD, FL 33020 US</b>
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01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2573250</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>DONOVAN, ROBERT S. 3050 N 28TH TERR HOLLYWOOD, FL 33020</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>Robert S. Donovan</i> <small>Signature, typed or printed name of registered agent and use if applicable.</small>	<b>ROBERT SCOTT DONOVAN</b> <i>2/15/07</i> <small>(NOTE: Registered Agent signature required when renewing) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DONOVAN, ROBERT S. 934 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DONOVAN, MARY BETH 2800 N. HILLS DR., #114 3417 Buchanan St HOLLYWOOD, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <i>Robert S. Donovan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>ROBERT SCOTT DONOVAN</b> <i>2/15/07</i> <small>Date Daytime Phone #</small>

954-923-2038