

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90008 005 ***150.00

DOCUMENT # J69022

1. Entity Name
RBFP INC.



Principal Place of Business
7710 MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

Mailing Address
7710 MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

44010747



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2797978

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FAMKAR, MAH MOOD
7710 MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 PSD
STREET ADDRESS FAMKAR, MAH MOOD
CITY-ST-ZIP 31790 U.S. HWY. 19 N., #134
PALMER HARBOR, FL 34684 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 18117 Emerald Bay St
CITY-ST-ZIP Tampa, FL 336247

TITLE
NAME V
STREET ADDRESS FRONT, HENRY L
CITY-ST-ZIP 4356 S KIRKMAN RD APT # 509
ORLANDO, FL 32811 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
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CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mahmoud Famkar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb-10-04