## 2007 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 18, 2007 08:00 A Secretary of State DOCUMENT # J96331 1. Entity Name RLA ENTERPRISES, INC. Principal Place of Business Mailing Address 660 ANDERSON CT. 660 ANDERSON CT. SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 04152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0014801 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRAHAMS, RICHARD DO NOT WRITE 660 ANDERSON CT. SATELLITE BEACH, FL 32937 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ABRAHAMS, RICHARD L. STREET ADDRESS 660 ANDERSON CT. CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE U00000714517 04/27/07-80025-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 will be address, with all other like empowered.

PREC

SIGNATURE:

CITY-ST-ZIP T/TLE NAME STREET ADDRESS CITY-ST-7IP

ARRAHAMO

RICHARN