

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-17-2006 90014 050 ***150.00

DOCUMENT # K15520 1. Entity Name R.D. 2000, INC.			
Principal Place of Business 23257 STATE RD SUITE 204 BOCA RATON, FL 33428 US		Mailing Address 23257 STATE RD SUITE 204 BOCA RATON, FL 33428 US	
2. Principal Place of Business 1400 NE Miami Gardens Dr Suite, Apt. #, etc. #105		3. Mailing Address 1400 NE Miami Gardens Dr. Suite, Apt. #, etc. #105	
City & State North Miami Beach FL Zip 33179 Country Dade		City & State North Miami Beach - FL Zip 33179 Country Dade	
4. FEI Number 65-0030788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MABRU, CATHERINE 6875 NW 66TH WAY PARKLAND, FL 33067		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABRU, CATHERINE M 6875 NW 66TH WAY PARKLAND, FL 33067	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>CATHERINE MABRU</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/15/06 561-218-0550 <small>Date Daytime Phone #</small>	