2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # K32145 1. Entity Name RF INNOVATIONS, INC.					05-02-2005 90480 014 ***150.00				
Principal Place of Business Mailing Address 12325 NW 35 ST 3781 NW 114 LANE CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065			3065 L	JS				1) ā (a 0) ā) a (ā)	
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					04292005	Chg-P	CR2E034	(10/03)	
City & State City & State City & State					4. FEI Numb 65-006				plied For t Applicable
Zip 33351	D2A		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 Name					
RUKHIYAR, BASANT 3781 N W 114 LANE				Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS, FL 33065					,				
				City		***	FL	Zip Code	9
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					i.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS	/CHANGES TO C	OFFICERS AND D	PRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUKHAIYAR, BASANT 3781 N.W. 114TH LANE CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS 1-ZIP			(_) Change	☐ Addition
TITLE	D Delete TIT		TITLE	-				Change	☐ Addition
NAME STREET ADDRESS			NAME	ADDRESS					}
CITY-ST-ZIP				T-ZIP					i
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ,	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			1	Change	Addition
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.									