

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K84066

Entity Name: R & B INSURANCE SERVICES, INC.

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

1471 NW 112TH WAY  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

1471 NW 112TH WAY  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 65-0116238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLFF, BARBARA L PRES  
1471 NW 112 WAY  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: R & B INSURANCE SERV, ICES, INC  
Address: 1471 NW 112TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33026 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L WOLFF

PRES

04/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date