## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005950

Entity Name: R FAMILY, INC.

City-St-Zip: GAINESVILLE, FL 32605

FILED Jun 08, 2004 Secretary of State

Entity Na	Me: RFAMILY,	INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1259 NW ( GAINESVI	60TH ST ILLE, FL 32605	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1259 NW   GAINESVI	60TH ST ILLE, FL 32605	US			
FEI Number	: 59-3467365	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
The above	ILLE, FL 32605 e named entity si e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
		c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () HU, KEHUA 1259 NW 60TH S GAINESVILLE, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () HU, BAOTING 1259 NW 60TH S GAINESVILLE, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ()  CAO, Y 1259 NW 60TH 9	Delete	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEHUA HU D 06/08/2004