

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 033 ***150.00

DOCUMENT # P01000003287

1. Entity Name
R.B.E. TRANSCRIPTIONS, INC.



Principal Place of Business
1700 S DIXIE HWY STE 103
BOCA RATON, FL 33432

Mailing Address
P.O BOX 3795
BOCA RATON, FL 33427

14020268



2. Principal Place of Business
1101 SW 15 Street
Suite, Apt. #, etc.

3. Mailing Address
1101 SW 15 Street
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, Florida

City & State
BOCA RATON, Florida

Zip
33486

Country
U.S.

Zip
33486

Country
U.S.

4. FEI Number
65-1072772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAHNER, XAVIER J
1700 S DIXIE HWY STE 103
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
Linda L. Elliott

Street Address (P.O. Box Number is Not Acceptable)
1101 SW 15 Street

City
BOCA RATON

FL

Zip Code
33486

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 Linda L. Elliott Linda L. Elliott 4/29/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
PD

NAME
MOHAMMED-ELLIOTT, RUBY

STREET ADDRESS
P O BOX 3795

CITY-ST-ZIP
BOCA RATON, FL 33427

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD

NAME
Mohammed-Elliott, Ruby

STREET ADDRESS
3 MAVERICK STREET

CITY-ST-ZIP
ROCKLAND, MAINE 04841

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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NAME

STREET ADDRESS
CITY-ST-ZIP

☐ 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.

SIGNATURE: Ruby M. Elliott RUBY M. ELLIOTT 4/25/04 207-594-3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #