

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90167 010 \*\*\*150.00

DOCUMENT # P01000062203

1. Entity Name  
RHONDA ALBIN, INC.



Principal Place of Business  
2651 ROCK ISLAND ROAD SUITE 108  
MARGATE FL 33063

Mailing Address  
2651 ROCK ISLAND ROAD SUITE 108  
MARGATE FL 33063

10070101



2. Principal Place of Business  
1531 NW 45th St

3. Mailing Address  
1531 NW 45th St

Suite, Apt. #, etc.  
# B3

Suite, Apt. #, etc.  
# B3

CHECK HERE IF MAKING CHANGES

City & State  
Deerfield Beach, FL

City & State  
Deerfield Beach, FL

4. FEI Number 65-1116725

Applied For  
Not Applicable

Zip Country  
33064 US

Zip Country  
33064 US

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**

ALBIN, RHONDA  
2651 ROCK ISLAND ROAD SUITE 108  
MARGATE FL 33063

Name  
Street Address (P.O. Box Number in )  
City FL Zip

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 Rhonda Albin, president 4/14/03  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBIN, RHONDA	
STREET ADDRESS	2651 ISLAND RD, STE 108	
CITY-ST-ZIP	POMPAÑO BEACH FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Rhonda Albin 4/14/03 (954) 988-9632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)