


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90045 039 ***150.00

DOCUMENT # P01000090469	
1. Entity Name R.B. TRANSPORTATION INC.	

Principal Place of Business 1387 NW HIGH POINT WAY UNIT B DELRAY BEACH FL 33445	Mailing Address 1387 NW HIGH POINT WAY UNIT B DELRAY BEACH FL 33445
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94032312



MOORE CR2E034 (11/03)

2. Principal Place of Business Florida Limo 330 High Point Blvd. #C City & State Delray Beach, FL 33445	3. Mailing Address Florida Limo 330 High Point Blvd. #C City & State Delray Beach, FL 33445
Zip	Country

4. FEI Number 59-3745762	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEINEKE, ROBERT 1387 NW HIGH POINT WAY DELRAY BEACH FL 33445	7. Name and Address of New Registered Agent Name Robert A. Beineke (Acceptable) Street 330 High Point Blvd. #C City Delray Beach, FL 33445 FL Zip Code
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I, the 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 *Robert Beineke* DATE **3-16-04**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEINEKE, ROBERT 1387 NW HIGH POINT WAY NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 included in 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 applicable.

SIGNATURE: *Robert Beineke* **Robert A. Beineke** DATE **3/16/04** DAYTIME PHONE # **561-706-4220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR