2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000004377

1. Entity Name

R & B ENTERPRISES OF NAPLES, INC



FILED Jan 30, 2006 08:00 AN Secretary of State

Principal Place of Business

2130 CORPORATION BLVD. NAPLES, FL 34109

Mailing Address

2130 CORPORATION BLVD. NAPLES, FL 34109



DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3510846 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIEUJUSTE, RICOT 2130 CORPORATION BLVD. NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

the obligations of Tegistered agent. SIGNATURE Signature typed or printed may be of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000407748 02/08/06-80032-024 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CHY-ST ZIP	P DIEUJUSTE, RICOT 2130 CORPORATION BLVD. NAPLES, FL 34109		_	
TITLE NAME STREET ADDRESS CITY: ST-ZIP	V DIEUJUSTE, BURTEAU 2130 CORPORATION BLVD, NAPLES, FL 34109		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-2IP	ST DIEUJUSTE, WADSON 2130 CORPORATION BLVD. NAPLES, FL 34109			
DILE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.				

TED NAME OF SIGNING OFFICER OR DIRECTOR

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