

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000071044 1. Entity Name RB MAX, INC.	
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Principal Place of Business 4973 S.W. SAINT CREEK DRIVE PALM CITY, FL 34990	Mailing Address 4973 S.W. SAINT CREEK DRIVE PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0466702	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NORMAN, KENNETH A 2400 S.E. FEDERAL HWY. FOURTH FLOOR STUART, FL 34994
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000428504 02/21/06-80051-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZIFFER, RUTH 4973 S.W. SAINT CREEK DRIVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ZIFFER, FRED 4973 S.W. SAINT CREEK DRIVE PALM CITY, FL 34990
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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 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: Fred Ziffer, Inc. 2/8/06 772-463-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #