


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

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| 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 |
|---|---|



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 03-0466702 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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|---|---------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---------------------------------------|

U000000584947
01/12/07-80058-004-150.00

| 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* VP 12/10/07 772-463-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #