

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT #P02000079739

1. Entity Name
RWB PROPERTIES, INC.



Principal Place of Business
10211 PINES BLVD, STE 112
PEMBROKE PINES, FL 33326

Mailing Address
C/O ANDREW L REIFF
P O BOX 1059
ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0125369

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REIFF, ANDREW L
135 W CENTRAL BLVD.
SOUTHTRUST BANK BLDG., STE 720
ORLANDO, FL 32801

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RAY, HUGH
STREET ADDRESS C/O ANDREW L. REIFF, P.A./ P O BOX 1059
CITY-ST-ZIP ORLANDO, FL 328021059

TITLE D
NAME RAY, MARY
STREET ADDRESS C/O ANDREW L. REIFF, P.A./ P O BOX 1059
CITY-ST-ZIP ORLANDO, FL 328021059

TITLE D
NAME RAY, GEORGE JR
STREET ADDRESS C/O ANDREW L. REIFF, P.A./ P O BOX 1059
CITY-ST-ZIP ORLANDO, FL 328021059

TITLE D
NAME WILLIAMS, ALEX
STREET ADDRESS 10211 PINES BLVD., STE 112
CITY-ST-ZIP PEMBROKE PINES, FL 33326

TITLE D
NAME BALDWIN, JOSEPH
STREET ADDRESS 310 PROSPECT AVE, APT. 228
CITY-ST-ZIP HACKENSACK, NJ 07601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000033295
02/07/04-80002-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alex Williams Alex Williams Jan 30/04 954 229 5688