

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000112732**

1. Entity Name  
RLB FINANCIAL SERVICES INC.



Principal Place of Business  
18001 OLD CUTLER ROAD  
SUITE 311  
MIAMI, FL 33157

Mailing Address  
18001 OLD CUTLER ROAD  
SUITE 311  
MIAMI, FL 33157



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3718168

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BREWSTER, RENDELL L  
18001 OLD CUTLER ROAD  
SUITE 311  
MIAMI, FL 33157

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000893799

04/24/08-80002-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BREWSTER, RENDELL L  
STREET ADDRESS 8601 SW 171 ST  
CITY-ST-ZIP MIAMI, FL 33157

TITLE STD  
NAME BREWSTER, MARIA E  
STREET ADDRESS 8601 SW 171 ST  
CITY-ST-ZIP MIAMI, FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENDELL BREWSTER

Date

Daytime Phone #

4/9/08

305 253 8774