2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000024454 1. Entity Name RBD INVESTMENT, INC. Principal Place of Business Mailing Address **102 BRIDGE STREET** 6 MAGNOLIA DUNES CIR ST. AUGUSTINE, FL 32084 US ST AUGUSTINE, FL 32080-6583 US

FILED Mar 31, 2008 08:00 Al Secretary of State



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_	O MOT WOITE IN		03242008	08 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPA			GE	4. FEI Number 61-1446001			Applied For Not Applicable
				5. Certificate of	f Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current Regist	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ب بيوڙ ۽ معيون هوي	ال والتي أحد عبد حسد	**,	
PLEIMAN, THOMAS C JR 9471 BAYMEADOWS ROAD, SUITE 308 JACKSONVILLE, FL 32256			DO NOT WRITE IN THIS SPACE				
					,	•	,
the obligati	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or registe	ered agent, or both	, in the State of Flori	ida. I am familiar wi	h, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title I	fapplicable (NOTE: Registere	d Agent signature require	ed when re-natating)	Liondo	n 875 312	
FILE NOWILL FEE IS \$150.00		Election Campaign Finar Trust Fund Contribution.		5.00 May Be Ided to Fees		8-80074-017	150.00
10. OFFICERS AND DIRECTORS				<u>-</u>			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, DAXABEN 102 BRIDGE STREET ST. AUGUSTINE, FL 32084			,ea	•		
NAME STREET ADDRESS	,		:		,		

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 eath; 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:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

adt-825-6799