

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033432

FILED
Apr 16, 2008
Secretary of State

Entity Name: RBK DIVERSIFIED SERVICES INC.

Current Principal Place of Business:

1704 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

16931 W. CHELTENHAM DR.
LOXAHATCHEE, FL 33470

Current Mailing Address:

1704 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

16931 W. CHELTENHAM DR.
LOXAHATCHEE, FL 33470

FEI Number: 75-3107567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, DAVID
1704 ANNANDALE CIRCLE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

HENDERSON, DAVID
16931 W. CHELTENHAM DR.
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: _____

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HENDERSON, DAVID
Address: 1704 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: HENDERSON, DAVID
Address: 1704 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Delete
Name: HENDERSON, JODI
Address: 1704 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HENDERSON, DAVID
Address: 16931 W. CHELTENHAM DR.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D (X) Change () Addition
Name: HENDERSON, DAVID
Address: 16931 W. CHELTENHAM DR.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V (X) Change () Addition
Name: HENDERSON, JODI
Address: 16931 W. CHELTENHAM DR.
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HENDERSON

D

04/16/2008

Electronic Signature of Signing Officer or Director

Date