2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000133544

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

R & B MARKETING SOLUTIONS, INC.



FILED
Mar 02, 2006 08:00 AN
Secretary of State

Principal Place of Business

5950 W OAKLAND PARK BLVD #103 LAUDERHILL, FL 33313 Mailing Address

5950 W OAKLAND PARK BLVD #103 LAUDERHILL, FL 33313



DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 56-2415123
 Not Applicable

5. Certificate of Status Desired ------

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEROGENE, ROBERT 5950 W OAKLAND PARK BLVD #103 LAUDERHILL, FL 33313

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	I applicable (NOTE, Registered	l Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEROGENE, ROBERT 12007 NW 47 ST CORAL SPRINGS, FL 33076				U00000453988 03714706-80044-005 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLINGTON, BRIGITTE 2041 NW 47 AVE LAUDERHILL, FL 33313				14/105-80044-005 15 0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address					

12. I hereby certify that the information supplied with this filling 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR