

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000012586**

1. Entity Name  
RPBE, INC.



Principal Place of Business  
1201 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411 US

Mailing Address  
7450 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33437 US



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0595741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

SEEWALD, JAY  
7450 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33437

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEEWALD, JAY 7700 E. UPPER RIDGE DRIVE PARKLAND, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGOLIS, LEE 6040 NW 96TH DRIVE PARKLAND, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SEEWALD, JAY 7700 E. UPPER RIDGE DRIVE PARKLAND, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SEEWALD, JAY 7700 E. UPPER RIDGE DRIVE PARKLAND, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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

3/30/07 561-732-4670  
Date Daytime Phone #