


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90038 016 ***150.00

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| DOCUMENT # P05000088132 | |  |
| 1. Entity Name RB AMERICAN IMPORT & EXPORT, INC. | | |

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| Principal Place of Business 1029 NW 129 PL MIAMI, FL 33182 | Mailing Address 1029 NW 129 PL MIAMI, FL 33182 |
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| 2. Principal Place of Business 9341 SW 20 ST Suite, Apt. #, etc. | 3. Mailing Address 9341 SW 20 ST Suite, Apt. #, etc. |
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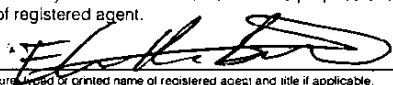
| | | | |
|---|---------|---|---------|
| City & State Miami, FL Zip 33165 | Country | City & State Miami, FL Zip 33165 | Country |
|---|---------|---|---------|



07132007 Chg-P CR2E034 (12/06)

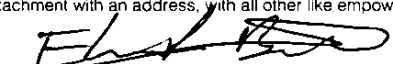
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| 6. Name and Address of Current Registered Agent BAILON, ELIAS R 1029 NW 129 PL MIAMI, FL 33182 | |
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| 7. Name and Address of New Registered Agent Name: Bailon, Elias R. Street Address (P.O. Box Number is Not Acceptable): 9341 SW 20 ST City: Miami FL Zip Code: 33165 | |
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| 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:  | DATE: |

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAILON, ELIAS R 1029 NW 129 PL MIAMI, FL 33182 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Bailon, Elias R. 9341 SW 20 ST Miami, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BAILON, GLORIA P 1029 NW 129 PL MIAMI, FL 33182 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vicepresident Bailon, Gloria P. 9341 SW 20 ST Miami, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOPEZ, JAYNE 1029 NW 129 PL MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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:  | DATE: Daytime Phone # |