


Aug 14 07 02:38a

FILED
Aug 21, 2007 8:00 am
Secretary of State

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07-18-2007 90048 005 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000042733			
1. Entity Name PFB INVESTMENTS GROUP, INC.			
Principal Place of Business 1651 SW 106 TERRACE DAVIE, FL 33324		Mailing Address 1651 SW 106 TERRACE DAVIE, FL 33324	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4591971		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALAN STANDER, P.A. 4040 SHERIDAN ST. FOLLYWOOD, FL 33321		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and one if applicable (NOTE: Registered Agents signature required when removing)</small>			
DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT BRAY, ROY 1651 SW 106 TERRACE DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplemented upon 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 my address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7-13-07 786-236-9122 <small>Daytime Phone #</small>	

ATTACHMENT

Alan Stander, P.A.

The Joe DiMaggio Building
4040 Sheridan Street
Hollywood, FL 33021
Phone (954) 966-3888
Fax (954) 981-2300

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MEMBER OF AMERICAN INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS
AND THE FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

August 15, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: RFB Investments Group, Inc.
Reference: P06000042733

Dear Sir or Madam:

I am writing this letter on behalf of my client listed above in response to your request dated 7/25/07. Please note I have enclosed a copy of that letter for your convenience.

The Department is requesting that my client provide their federal i.d. number in order to finalize processing of their annual report. Please be advised that this office inadvertently omitted the required information and apologize for any inconvenience this may have caused. I have included the number (#20-4591971) on the form as requested, and hope this will now resolve this matter.

Should you require anything further, please let me know. I appreciate your prompt attention to this matter.

Sincerely,


Alan E. Stander, CPA