2007 FOR PROFIT CORPORATION

Jan 29, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P06000045438 01-29-2007 90063 038 ***158.75 1. Entity Name R AND B 1575, INC. Principal Place of Business Mailing Address 12200 NW 30TH STREET 12200 NW 30TH STREET SUNRISE, FL 33321 SUNRISE, FL 33321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) City & State City & State FEI Number Applied For 0-46 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANNETT, RONALD Street Address (P.O. Box Number is Not Acceptable) 12200 NW 30TH STREET SUNRISE, FL 33321 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BANNETT, RONALD NAME 12200 NW 30TH STREET STREET ADDRESS STREET ADDRESS SUNRISE, FL 33321 CITY-ST-ZIP CITY-ST ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change · 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY+ST-7/P City-St-ZiP

12. Thereby 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

FILED