
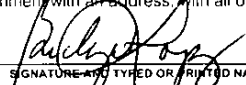


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90046 029 ***150.00

DOCUMENT # P06000061846 1. Entity Name R&B PROPERTY MGNT CONSULTANTS, INC.			
Principal Place of Business 3151 MADDEN RD. WEST PALM BEACH, FL 33406		Mailing Address 3151 MADDEN RD. WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box # 1808 Sentinel Point Rd		3. Mailing Address P.O. Box 22437	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sebring		City & State West Palm Beach FL 33416	
Zip FL		Zip 33875	
Country US		Country 	
4. FEI Number 		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYAN, SUSAN 1078 MANOR DR. PALM SPRINGS, FL 33416		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, RALPH		NAME Ralph Lopez	
STREET ADDRESS 3151 MADDEN RD.		STREET ADDRESS 1808 Sentinel Point Rd	
CITY- ST- ZIP WEST PALM BEACH, FL 33406		CITY- ST- ZIP Sebring, FL 33875-6418	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, BRIDGET		NAME Bridget Lopez	
STREET ADDRESS 3151 MADDEN RD.		STREET ADDRESS 1808 Sentinel Point Rd	
CITY- ST- ZIP WEST PALM BEACH, FL 33406		CITY- ST- ZIP Sebring, FL 33875	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY- ST- ZIP 		CITY- ST- ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY- ST- ZIP 		CITY- ST- ZIP 	
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: 		4/30/07 (561) 379-3394	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	