
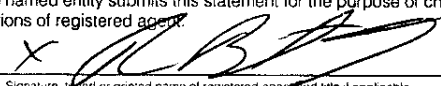
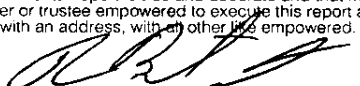


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90016 046 \*\*\*150.00

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # P07000068994</b><br>1. Entity Name<br><b>RB FLORIDA MARKETING, INC</b>  |   |    |  |
| Principal Place of Business<br><b>6153 METROWEST BLVD<br/>UNIT 103<br/>ORLANDO, FL 32835</b>  |   | Mailing Address<br><b>6153 METROWEST BLVD<br/>UNIT 103<br/>ORLANDO, FL 32835</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>6729 Sorrento St</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>6729 Sorrento St</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Orlando, FL 32819</b><br>Zip Country   |   | City & State<br><b>Orlando, FL 32819</b><br>Zip Country   |  |
| <b>4. FEI Number</b><br><b>26-0345502</b>   |   | Applied For<br>Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   | <b>04112008</b> Chg-P <b>CR2E034 (12/06)</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>BETANCOURT, ROBERTO<br/>6153 METROWEST BLVD<br/>UNIT 103<br/>ORLANDO, FL 32835</b>   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Betancourt, Roberto</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6729 Sorrento St</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32819</b> |  |
| <b>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.</b><br>SIGNATURE  DATE <b>4/11/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>BETANCOURT, ROBERTO<br>6153 METROWEST BLVD UNIT 103<br>ORLANDO, FL 32835 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>Betancourt Roberto<br>6729 Sorrento St<br>Orlando, FL 32819             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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 another line empowered.</b> |   |   |  |
| <b>SIGNATURE:</b>    |   | Date <b>4/11/08</b> Daytime Phone #   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |  |

40066373

