

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000086157

1. Entity Name
RK HALLANDALE I, INC.



**FILED
Feb 12, 2008 8:00 am
Secretary of State**

02-12-2008 90020 025 ***150.00

Principal Place of Business
17100 COLLINS AVENUE, SUITE #225
SUNNY ISLES BEACH, FL 33160

Mailing Address

17100 COLLINS AVENUE, SUITE #225
SUNNY ISLES BEACH, FL 33160

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

26-0711478

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEVLIN, BARRY T ESQ
SHEVLIN & ATKINS
1111 KANE CONCOURSE, SUITE #605
BAY HARBOR ISLAND, FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DOP
NAME: KATZ, RAANAN
STREET ADDRESS: 17100 COLLINS AVENUE, SUITE 225
CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: DVS
NAME: KATZ, DANIEL
STREET ADDRESS: 17100 COLLINS AVENUE, SUITE #225
CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 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:

Raanan Katz

2/1/08

305-949-4110

Date

Daytime Phone #

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR