2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # P94000069491 1. Entity Name RSB HOLDINGS, INC. Principal Place of Business Mailing Address 1810 N.E. 144TH ST 1810 N.E. 144TH ST N. MIAMI, FL 33181 N. MIAMI, FL 33181 CR2E034 (10/03) 04282004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0520869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRISKIN, ROMAN DO NOT WRITE 1810 NE 144 STREET N. MIAMI, FL. 33181 IN THIS SPACE 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 diappt cable (NOTF: Hegistered Agent's grafure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE STEIN, SLAV NAME 1810 NE 44TH ST STREET ADDRESS 抗原原用自14是抗糖。 CITY-ST-ZIP NORTH MIAMI, FL 33181 04/00/04-20033-08 050.00 TITLE NAME BRISKIN, ROMAN STREET ADDRESS 1810 NE 44TH ST NORTH MIAMI, FL 33181 CITY ST ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), 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:

HITE NAME STREET ADDRESS CITY ST 7IP TITLE

STREET ADDRESS CRY-ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED