

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90055 019 ***150.00

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**



2. Principal Place of Business - No. P.O. Box # 3. Mailing Address
16295 NW 13th Avenue **16295 NW 13th Avenue**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite A **Suite A**

1st MOORE CR2E034 (10/06)

City & State City & State
MIAMI, FL **MIAMI, FL**

Zip Country Zip Country
33169 **USA** **33169** **USA**

4. FEI Number Applied For
65-0520869 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRISKIN, ROMAN
1810 NE 144 STREET
N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **BRISKIN, ROMAN**

Street Address (P.O. Box Number is Not Acceptable)
16295 NW 13th AVENUE, Suite A

City **MIAMI** State **FL** Zip Code **33169**

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: *Roman Briskin* **ROMAN BRISKIN** **04/04/07**

Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STEIN, SLAV 1810 NE 44TH ST NORTH MIAMI FL 33181 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BRISKIN, ROMAN 1810 NE 44TH ST NORTH MIAMI FL 33181 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STEIN, SLAV 16295 NW 13 TH AVENUE, SUITE A MIAMI, FL 33169 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BRISKIN, ROMAN 16295 NW 13 TH AVENUE, SUITE A MIAMI, FL 33169 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roman Briskin* **ROMAN BRISKIN** **04/04/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #