


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90223 046 ***150.00

DOCUMENT # P95000030924 1. Entity Name RBE CONSULTANTS, INC.	
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Principal Place of Business 22126 ENSENADA WAY BOCA RATON, FL 33433	Mailing Address 22126 ENSENADA WAY BOCA RATON, FL 33433
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15007955



02222005 No Chg-P CR2E034 (10/03)

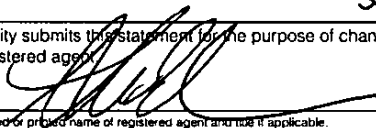
4. FEI Number 65-0583136	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EVANS, ROBERT 22126 ENSENADA WAY BOCA RATON, FL 33433 BRUCE E. EVANS 190 W. PALMETTO AVE RD BOCA RATON, FL 33432

**DO NOT WRITE
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:  DATE: 4-25-05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EVANS, ROBERT 22126 ENSENADA WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D T EVANS, BRUCE 20780 SNUG CREEK CT BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP D S BACON, ROGER 1421 PARK LANE NORTH WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-25-05 561-338-2992 <small>Date Daytime Phone #</small>
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