

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000053928

1. Entity Name
RSF CORPORATION



Principal Place of Business
**427 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311**

Mailing Address
**427 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0597834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASSAM ABI FARAJ
427 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311**

**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 
Signature typed over printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-14-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ABI FARAJ, BASSAM
427 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JURDI, FADI
2428 NW 94TH AVE
POMPANO BEACH, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**65-0597834
04/30/04-050134-022 150.00**

**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: 
Signature typed over printed name of signing officer or director

04-14-04
Date Daytime Phone #