2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 08:00 AM DOCUMENT # P95000065967 **Secretary of State** 1. Entity Name RNB CORP. Mailing Address Principal Place of Business 3400 N E 34TH STREET 3400 NE 34 ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0603257 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURSTEIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3400 NE 34TH STREET #101 FORT LAUDERDALE FL 33308 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 little if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. **PST** Change Addition IIILE Delete HITLE BURSTEIN, ROBERT NAME STREET ADDRESS STREET ADDRESS 3400 N E 34TH STREET #101 CITY-ST-7IP FT LAUDERDALE FL 33308 C/TY-ST-ZIP Addition HILE ☐ Delete TITLE Change U00000329227 04/25/05-80110-002 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition | TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-ST-ZOP ☐ Addition TITLE ☐ Delete HIF ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition DILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY-ST-ZIP Addition ☐ Delete ☐ Change Itill NAME STREET ADDRESS CIRCET ADDRESS CITY-ST-ZIP CITY-ST-71P

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 fixe empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 (954)568-411

FILED