2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P95000065967 1. Entity Name RNB CORP.					05-01-2006	5 90321 027 ***1	50.00	
Principal Place	e of Business	Mailing Address	·	3.	,			
		3400 NE 34 ST	•					
#101 -FT LAUDERDALE, FL 33308 US		10T F T LAUDERDALE, FL - 333	30 8 US					
2. Principal Place of Business 2700 NoRTH 29 N A V ε 3. Mailing Address 2700 NORTH ε			1 204 F	lve.				
Suite, Apt. #, etc. Suite, Apt. #, etc.			, <u>29</u>	041420	06 Chg-P	CR2E034 (11/05)		
# 108 # 108 Gity & State City & State						· · · · · · · · · · · · · · · · · · ·		
	WOOD FL	City& State HOLLY WOO	N FI	4. FEIN	umber 0603257	 	pplied For lot Applicable	
Zip	Country	Zip	Country		cate of Status Desired	□ \$8.75 Ac		
3308	2.0 USA 6. Name and Address of Current F	33020	USA			Fee Requir	ed	
	b. Name and Address of Current P	tegistered Agent	Name	/. Name	and Address of New	Registered Agent		
BURSTEIN, ROBERT				Stroot Address (P.O. Roy Niverbox in Not Acceptable)				
3400 NE 34TH STREET #10 1 F ORT LAUDERDALE, FL 33308-				Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH 29 F A VENUE				
TOTAL BOSERSALE, TE COCCO			# 1	#108				
			City /n		<u> </u>	FI Zig Co	3020	
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 fitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND I	·	11.	ADDITIO	ONS/CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME	PST BURSTEIN, ROBERT	☐ Delete	TITLE NAME			⊠ Change	Addition	
STREET ADDRESS	-3499 N E 34TH STREET #101			2700 NORTH 29TH AVE #108 HOLLYWOOD FL 33020				
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP	HOLLYU	JOOD FL	33020		
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS	NAME STREE							
CHY-ST ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street address			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	☐ Addition	
NAME		23 0000	NAME			3 • · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			Change	Addition	
NAME		20000	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		16.1 (19)	CITY-ST-ZIP		440 81 17 01	11 4 2 2 2 2 2 2 2 2	totaed	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or gopplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or office to office of the separate shall have the same legal effect as if made under oath; that I am an office or office of the separate shall have the same legal effect as if made under oath; that I am an office or office of the separate shall have the same legal effect as if made under oath; that I am an office or office of the separate shall have the same legal effect as if made under oath; that I am an office or office of the separate shall have the same legal effect as if made under oath; that I am an office or office of the separate shall have the same legal effect as if made under oath; that I am an office or office of the separate shall have the same legal effect as if made under oath; that I am an office or office of the separate shall have the same legal effect as if made under oath; that I am an office or office or office of the separate shall have the same legal effect as if made under oath; that I am an office or o								
of the corporation or the receiver or Mustee 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: H/11/06 (954)929-1/22 Date Date Dayling Proce of Dayling Procesor								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR ROBERT BURSTEIN, PRES Date Dayture Phone #								