

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90044 022 ***150.00

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1. Entity Name
RNB CORP.



Principal Place of Business

2700 NORTH 29TH AVE
SUITE 108 129 ROSALES COURT
HOLLYWOOD, FL 33020 US
CORAL GABLES, FL 33143

Mailing Address

2700 NORTH 29TH AVE
SUITE 108 129 ROSALES COURT
HOLLYWOOD, FL 33020 US
CORAL GABLES, FL 33143

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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0603257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURSTEIN, ROBERT
2700 NORTH 29TH AVE
SUITE 108 129 ROSALES COURT
HOLLYWOOD, FL 33020 CORAL GABLES, FL 33143

**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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PST
NAME BURSTEIN, ROBERT
STREET ADDRESS 2700 NORTH 29TH AVE SUITE 108 129 ROSALES CT.
CITY - ST - ZIP HOLLYWOOD, FL 33020 CORAL GABLES, FL 33143

TITLE
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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 supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08 (305) 588-0788

Date

Daytime Phone #