

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-02-2004 90027 040 ***158.75

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1. Entity Name

RB MANAGEMENT SERVICES, INC.



Principal Place of Business

**3820 NW 183 ST
APT. 208
OPA LOCKA FL 33055**

Mailing Address

**3820 NW 183 ST
APT. 208
OPA LOCKA FL 33055**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0620135

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARANDIARAN, RODOLFO M
3820 NW 183 ST.
APT. 208
OPA LOCKA FL 33055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/26/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BARANDIARAN, RODOLFO M	
STREET ADDRESS	3820 NW 183 ST. APT. 208	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	TECHNICIAN SUPERVISOR	<input type="checkbox"/> Delete
NAME	HERNANDEZ, FRANK	
STREET ADDRESS	15775 SW 76 TERR	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	OM	<input type="checkbox"/> Delete
NAME	BARANDIARAN, IRIS	
STREET ADDRESS	1351 NE 191 ST APT. 316	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAMPOLAND, ENRIQUE	
STREET ADDRESS	11510 NW 91 CT	
CITY-ST-ZIP	MIAMI GARDENS FL 33018	
TITLE	LAWN SUPERVISOR	<input type="checkbox"/> Delete
NAME	ROGER CARBALLO	
STREET ADDRESS	10725 SW 35TH APT. 2	
CITY-ST-ZIP	MIAMI, FLA. 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CAMPUZANO, ENRIQUE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11510 NW 91 CT	
STREET ADDRESS	MIAMI GARDENS, FL 33018	
CITY-ST-ZIP	MIAMI GARDENS, FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/04 (305)761-2069

Date

Daytime Phone #