2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000024298

1. Entity Name
RHSEF, INC.

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON, FL 33431	2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0657559 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

THE HERRICK COMPANY, INC.
2295 CORPORATE BLVD., NW
SUITE 222
BOCA RATON, FL 33431

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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, 2006 Fee will be $550.00

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

100000476157
04/05/06-80046-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	HERRICK, NORTON
STREET ADDRESS	2295 CORPORATE BLVD N.W. STE. 222
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PAS
NAME	HERRICK, HOWARD
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	VAS
NAME	HERRICK, MICHAEL
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	C
NAME	HERMALLI, NISAR
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	VD
NAME	HERRICK, ELAYNE
STREET ADDRESS	400 SE 5TH AVE., PH 1104
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	HERRICK, EVAN
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927

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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 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: _____ 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #