2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90860 031 ***150.00

DOCUMENT # P96000055291

1. Entity Name
RKB SERVICES, INC.

60045894

Principal Place of Business	Mailing Address
C/O NICOLAS FERNANDEZ , P.A. 780 NW LEJEUNE RD STR 324 MIAMI, FL 33126 US	780 NW LEJEUNE RD SUITE 324 MIAMI, FL 33126 US

01312007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
10 N.W. LE JEUNE ROAD	10 N.W. LE JEUNE ROAD
Suite, Apt. #, etc: SUITE 500	Suite, Apt #, etc: SUITE 500
City & State: MIAMI, FL	City & State: MIAMI,FL
Zip: 33126 Country:	Zip: 33126 Country:

4. FEI Number: 65-0685344 ☐ 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
ESQUIRE CORPORATE SERVICES INC 780 NW LEJEUNE RD STE 324 2655 LEJEUNE OAD PH-1D MIAMI, FL 33126	Name: ESQUIRE CORPORATE SERVICES,INC Street Address (P O Box Number is Not Acceptable): 10 N.W. LE JEUNE ROAD STE 500 City: MIAMI FL Zip Code: 33126

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARNOLD, RICHARD E		NAME		
STREET ADDRESS	15900 SW 84 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	SVPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARNOLD, BARBARA		NAME		
STREET ADDRESS	15900 SW 84 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4-24-07 305-255-7487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #