
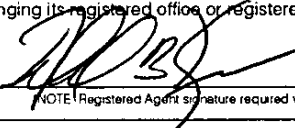
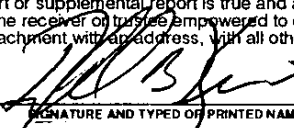


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90251 014 \*\*\*150.00

<b>DOCUMENT # P98000061345</b> 1. Entity Name <b>RHFM ENTERPRISES, INC.</b>			
Principal Place of Business <b>11091 N.W. 18TH COURT CORAL SPRINGS FL 33071</b>		Mailing Address <b>11091 N.W. 18TH COURT CORAL SPRINGS FL 33071</b>	
2. Principal Place of Business <b>327 SW 13th Ave</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>Pompano Bch FL.</b> Zip <b>33069</b> Country <b>USA</b>		City & State  Zip Country	
4. FEI Number <b>65-0850101</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KEISER, RICHARD 11091 NW 18 COURT POMPAÑO BEACH FL 33071</b>		7. Name and Address of New Registered Agent Name <b>Keiser Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>11091 NW 18th Ct</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33071</b>	
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 <b>Richard Keiser</b>  <b>4-25-05</b> <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small> <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEISER, RICHARD</b> <b>11091 N.W. 18TH COURT</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEISER, HELEN</b> <b>11091 N.W. 18TH COURT</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of business 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: 		<b>4-25-05 954-943-3319</b> <small>Date Daytime Phone #</small>	