

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061345

Entity Name: RHFM ENTERPRISES, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

327 SW 13TH AVE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

327 SW 13TH AVE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 65-0850101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEISER, RICHARD  
11091 NW 18 COURT  
POMPANO BEACH, FL 33071 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KEISER, RICHARD  
Address: 11091 N.W. 18TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: KEISER, HELEN  
Address: 11091 N.W. 18TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD KEISER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date