2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 13, 2007 08:00 A Secretary of State **DOCUMENT # P98000076665** RHYTHM & BLUES HOLDINGS, INC. Principal Place of Business Mailing Address 65 N.W. 168TH STREET 65 N.W. 168TH STREET NORTH MIAMI BEACH, FL 33169 NORTH MIAMI BEACH, FL 33169 No Chg-P 01032007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0871610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **GRODEN, RICHARD** DO NOT WRITE **65 N.W. 168TH STREET** NORTH MIAMI BEACH, FL 33169 IN THIS SPACE 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GRODEN, RICHARD J NAME STREET ADDRESS 571 SW 63 TERRACE FORT LAUDERDALE, FL 33317 CITY-ST-ZIP TITLE NAME STAMP, BRIAN STREET ADDRESS 2140 SW 90 AVE, UNIT C FORT LAUDERDALE, FL 333246865 CITY-ST-ZIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of the composition of the receiver of the composition of the corporation or the receiver of the composition of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of th

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

SHATHER AND JIPED ON PROFIED NAME OF SIGNING OFFICER OF DIRECTOR

4/10/07 (305) 493-1243

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