

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90017 020 ***150.00

DOCUMENT # P99000035513

1. Entity Name
R.B.INTERNATIONALFURNITURE,INC.



Principal Place of Business
5646 N.W. 35 COURT
MIAMI, FL 33142

Mailing Address
C/O JOSE R GOMEZ
782 N.W 42ND AVE 447
MIAMI, FL 33126 US

54037731



2. Principal Place of Business

3. Mailing Address

1400 S.W. 27TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 102

City & State

City & State

MIAMI, FL.

Zip

Country

Zip

Country

33145

02052004

Chg-P

CR2E034(10/03)

4. FEI Number
65-0911219

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

LUKACS,ROBINA
1825CORALWAY
MIAMI,FL33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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 VPST ☐ Delete
NAME ROQUE,ROBERTA
STREET ADDRESS 5646NW35COURT
CITY-ST-ZIP MIAMI,FL33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME ROQUE,RAUL
STREET ADDRESS 5646NW35COURT
CITY-ST-ZIP MIAMI,FL33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROQUE,ROBERTOF
STREET ADDRESS 5646NW35CT.
CITY-ST-ZIP MIAMI,FL33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-2004

305-634-2243