

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000035513	
1. Entity Name R.B. INTERNATIONAL FURNITURE, INC.	



Principal Place of Business 5646 N.W. 35 COURT MIAMI, FL 33142	Mailing Address 1400 SW 27TH AVE. STE. 102 MIAMI, FL 33145 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0911219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUKACS, ROBIN A 1825 CORAL WAY MIAMI, FL 33145

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ROQUE, ROBERT A 5646 NW 35 COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROQUE, RAUL 5646 NW 35 COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROQUE, ROBERTO F 5646 NW 35 CT. MIAMI, FL 33142
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<p>U00000324973 04/22/05-80113-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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: RAUL ROQUE 4/18/05 305-634-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #