

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 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



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPST
NAME ROQUE, ROBERT A
STREET ADDRESS 5646 NW 35 COURT
CITY-ST-ZIP MIAMI, FL 33142

TITLE P
NAME ROQUE, RAUL
STREET ADDRESS 5646 NW 35 COURT
CITY-ST-ZIP MIAMI, FL 33142

TITLE VP
NAME ROQUE, ROBERTO F
STREET ADDRESS 5646 NW 35 CT.
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1300000512825
04/29/06-80035-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

RAUL ROQUE

4-12-06

205-634-2243

Date

Daytime Phone #