2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000088613

RFB COMMUNICATIONS GROUP, INC.

Principal Place of Business

107 N 11TH ST

SUITE 2

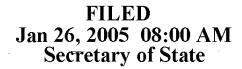
TAMPA, FL 33602

Mailing Address

107 N 11TH ST

SUITE 2

TAMPA, FL 33602





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01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3603036

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIVYER, NEAL A 100 SOUTH ASHLEY ST **SUITE 2100** TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	fice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	familicable (NOTE Registered Again	at signature required when reinstating)	DATE
	Systems, types of printed name of registered agent and time	Tappicasie (NOTE, Ragistarea Agen	it signature required when recisioning)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOLAND, SUZANNE 107 N 11TH ST., STE 2 TAMPA, FL 33602			U00000195856 01/26/05-80046-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROOP, ELIZABETH 107 N 11TH ST., STE 2 TAMPA, FL 33602			71 LO, 33 330 10 SEL 10210
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		 `		न्ह्या राज्य ा
TITLE NAME STREET ADDRESS				

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 atta hment with an address, with all other like empowered.

SIGNATURE:

Moare GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR