

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V06757

1. Entity Name
R S B INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04.OCT.15 AM 8:00

Principal Place of Business
1304 SW 160TH AVE.
SUITE 365
SUNRISE, FL 33326

Mailing Address
1304 SW 160TH AVE.
SUITE 365
SUNRISE, FL 33326 US

2. Principal Place of Business

3. Mailing Address



09132004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3101918

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, NORMAN
1304 SW 160TH AVE
STE. 365
SUNRISE, FL 33326

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 \$550.00
Due by September 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CPTV
MILLER, NORMAN
1304 SW 160TH AVE., #365
SUNRISE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500041909195
10/15/04--01101--014 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MILLER, NORMAN
1304 SW 160 AVE S365
SUNRISE, FL ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Norman Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-2004

Date

954-452-1642

Daytime Phone #

2072
DEAR, SIRS

MY MAIL WAS IN A STATE OF
CONFUSION BECAUSE I WAS IN HANDS
HOSPITAL IN GAINSVILLE, FL SINCE
MAY OF THIS YEAR. I AM NOT SURE
IF I WILL BE ABLE TO WORK AGAIN
ALTHOUGH I WOULD LIKE TO KEEP
RSB INC AN ACTIVE CORPORATION. - PLEASE -
WAIVE THE \$400 FEE. ENCLOSED IS A
CHECK FOR 158 ²⁵/₁₀₀. I HAVE NEVER FILED
LATE SINCE 1992.

THANK YOU

Norman J. Miller, PRES

RSB INC

VO 6757

59-3101918