

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90082 042 ***150.00

DOCUMENT # 320649

1. Entity Name

R & S MANAGEMENT COMPANY



Principal Place of Business

4721 UNIVERSITY DRIVE
CORAL GABLES FL 33146

Mailing Address

5821 REDDMAN RD
CHARLOTTE NC 28212
US



2. Principal Place of Business

3. Mailing Address *To R-S Mgmt*
1981 J.N. PEASE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Charlotte, NC

Zip

Country

Zip
28262-4529

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1170607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SORKIN, LARRY
4721 UNIVERSITY DRIVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **SORKIN, SELMA**
STREET ADDRESS **10 EDGEWATER DRIVE #6-G**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **V** ☐ Delete
NAME **SORKIN, LAWRENCE**
STREET ADDRESS **5821 REDDMAN RD**
CITY-ST-ZIP **CHARLOTTE NC 28212**

TITLE **V** ☐ Delete
NAME **SORKIN, STEVE**
STREET ADDRESS **11800 FARMLAND DR**
CITY-ST-ZIP **ROCKVILLE MD**

TITLE **V** ☐ Delete
NAME **LOSSEN, JUDITH**
STREET ADDRESS **210 W. RITTENHAUSS SQUARE #2507**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1981 J.N. PEASE PL, SUITE 101*
CITY-ST-ZIP *Charlotte, NC 28262-4529*

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

LAWRENCE SORKIN 4-6-06 704-548-0226

Date

Daytime Phone #