2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000001903

1. Entity Name
R & L ASSOCIATES GROUP, INC.

Principal Place of Business	Mailing Address
145 WEST 67TH STREET, SUITE 5E NEW YORK, NY 10023	145 WEST 67TH STREET, SUITE 5E NEW YORK, NY 10023

01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3792837
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMER, ROCHELLE
242 PHIPPS PLAZA
PALM BEACH, FL 33480

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000841610
03/10/08-90025-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	SCHUMER, ROCHELLE
STREET ADDRESS	145 WEST 67TH STREET, SUITE 5E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	VC
NAME	REHNER, LEONARD
STREET ADDRESS	145 WEST 67TH STREET, SUITE 5E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	DV
NAME	SCHUMER, MARVIN
STREET ADDRESS	5303 INDIANWOOD VILLAGE LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000834609
02/29/08-90001-013 150.00

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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: Rochelle Schumer Pres 2/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #