## **FILED** 2008 FOR PROFIT CORPORATION Apr 09, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # F06000002485** RWG BROKERAGE CORP. Principal Place of Business Mailing Address **6 KIRKLAND DR 6 KIRKLAND DR** GREENLAWN, NY 11740 GREENLAWN, NY 11740 03152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3035438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent **GUTTMAN, ROY** DO NOT WRITE 1108 SAND DRIFT WAY WEST PALM BEACH, FL 33411 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 Fiorida. I am familiar with, and accept the obligations of registered agent red agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 0600000367423 04/21/08-80019-020 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME **GUTTMAN, ROY** PO BOX 3552 STREET ADDRESS CITY-ST-ZIP GREENLAWN, NY 11740 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 tike empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #