

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUN 19 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115681

1. Entity Name
RMG RETAIL, INC.



Principal Place of Business Mailing Address
15738 PONCE DE LOEN BLVD De Leon Blvd
BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601



2. Principal Place of Business 3. Mailing Address

06152006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
26-0000726

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 Now Registered Agent

BULIVINDALA, VAIKUNTA M Gulivindala
15738 PONCE DE LOEN BLVD De Leon Blvd
BROOKSVILLE, FL 34601

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE ☒ Pres ☐ Delete
NAME GULIVINDALA, VAIKUNTA M
STREET ADDRESS 15738 PONCE DE LOEN BLVD
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ VP ☐ Delete
NAME GULIVINDALA, RADHA R
STREET ADDRESS 15738 Ponce De Leon Blvd
CITY-ST-ZIP Brooksville, Fl 34601

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
400076634424
06/27/06--01028--003 **\$61.25

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
B 6/20/06

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6-15-06 352-754-4343