

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058916

Entity Name: R.P.R GROUP INC.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

2844 STIRLING ROAD  
SUITE K  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

## Current Mailing Address:

2844 STIRLING ROAD  
SUITE K  
HOLLYWOOD, FL 33020

## New Mailing Address:

FEI Number: 51-0430554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZVIDA, SIGALIT  
2844 STIRLING ROAD  
SUITE K  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZVIDA, SIGALIT  
Address: 2844 STIRLING ROAD, SUITE K  
City-St-Zip: HOLLYWOOD, FL 33020

Title: V ( ) Delete  
Name: ZVIDA, RAMI  
Address: 2844 STIRLING ROAD, SUITE K  
City-St-Zip: HOLLYWOOD, FL 33020

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZVIDA SIGALIT

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date