2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000051425

REYNAERT MANAGEMENT GROUP, INC.



Principal Place of Business

800 W CYPRESS CREEK ROAD

STE 465

FORT LAUDERDALE, FL 33309

Mailing Address

800 W CYPRESS CREEK ROAD

STE 465

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33309



01162007

No Chg-P

CR2E034 (11/05)

FILED

May 03, 2007 08:00 AM Secretary of State

4. FEI Number 30-0204640 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and	d Address o	f Current	Registered	Agent

LEGEL, LARRY 800 W CYPRESS CREEK RD.

STE. 470 FORT LAUDERDALE, FL 33309

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	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS LEGEL, LARRY 800 W CYPRESS CREEK RD.,#470 FORT LAUDERDALE, FL 33309				U00000758902 05/24/07-80021-008 150.0
TITLE NAME STREET ADDRESS	AT LEGEL, LARRY 800 W CYPRESS CREEK RD. #470				

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

12.	I hereby certify that the information supplied with this filling 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 eath; 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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

FORT LAUDERDALE, FL 33309

REYNAERT, JEROME

P.O. BOX 1059

ALVA, FL 33920