

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90368 023 \*\*\*150.00

**DOCUMENT # P03000051425**

1. Entity Name  
**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  
FORT LAUDERDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**30-0204640**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**LEGAL, LARRY  
800 W CYPRESS CREEK RD.  
STE. 470  
FORT LAUDERDALE, FL 33309**

## 7. Name and Address of New Registered Agent

Name  
**LEGAL, LARRY**

Street Address (P.O. Box Number is Not Acceptable)

**800 W. CYPRESS CREEK RD., STE 465**

City  
**FORT LAUDERDALE**

**FL**

Zip Code  
**33309**

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

**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**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DAS  
LEGAL, LARRY  
800 W CYPRESS CREEK RD., #470  
FORT LAUDERDALE, FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AT  
LEGAL, LARRY  
800 W CYPRESS CREEK RD., #470  
FORT LAUDERDALE, FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
REYNAERT, JEROME  
P.O. BOX 1059  
ALVA, FL 33920** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

**LARRY LEGAL LARRY LEGAL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.8  
Date

954 5938900  
Daytime Phone #