

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000142034

1. Entity Name
R & L MARKETING GROUP INC.



**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90074 027 ***150.00

Principal Place of Business
6697 RIVERMILL CLUB DRIVE
LAKE WORTH, FL 33463

Mailing Address

6697 RIVERMILL CLUB DRIVE
LAKE WORTH, FL 33463

2. Principal Place of Business

7066 Via Leonardo

3. Mailing Address

7066 Via Leonardo

Suite, Apt. #, etc.

City & State

Lake Worth, FL
33467

City & State

Lake Worth, FL
33467

Suite, Apt. #, etc.

Country

USA

Zip

33467

Country

USA

6. Name and Address of Current Registered Agent

LOPEZ, RODRIGO
6697 RIVERMILL CLUB DRIVE
LAKE WORTH, FL 33463

Name

Rodrigo Lopez

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

7066 Via Leonardo

8. I, 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)

4/27/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVD
LOPEZ, RODRIGO
6697 RIVERMILL CLUB DRIVE
LAKE WORTH, FL 33463

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVD
Lopez, Rodrigo
7066 Via Leonardo
Lake Worth, FL 33467

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 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 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:

4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #