## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000156083

Entity Name: THE RSC FINANCIAL GROUP INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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P.O. BOX 936572

MARGATE, FL 33093 US

Current Mailing Address: New Mailing Address:

P.O. BOX 936572 MARGATE, FL 33093

FEI Number: 45-0530882 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CANCEL, ROBERT
3150 NW 42ND AVE., 406E
COCONUT CREEK, FL 33066 US
CANCEL, ROBERT
6620 NW 41ST STREET
CORAL SPRINGS, FL 33067 US

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: 01/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: CANCEL, ROBERT Name: CANCEL, ROBERT

 Name:
 CANCEL, ROBERT
 Name:
 CANCEL, ROBERT

 Address:
 3150 NW 42ND AVE., 406E
 Address:
 6620 NW 41ST STREET

 City-St-Zip:
 COCONUT CREEK, FL 33066
 City-St-Zip:
 CORAL SPRINGS, FL 33067

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 CANCEL, SANDRA
 Name:
 CANCEL, SANDRA

 Address:
 3150 NW 42ND AVE., 406E
 Address:
 6620 NW 41ST STREET

 City-St-Zip:
 COCONUT CREEK, FL 33066
 City-St-Zip:
 CORAL SPRINGS, FL 33067

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: ROBERT CANCEL PD 01/06/2005