


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90311 003 ***150.00

DOCUMENT # P04000162464

1. Entity Name
RWM GROUP, INC.



Principal Place of Business Mailing Address

~~18 SOUTH VICTORY PARK ROAD~~ ~~18 SOUTH VICTORY PARK ROAD~~
~~FORT LAUDERDALE, FL 33304~~ ~~FORT LAUDERDALE, FL 33304~~ US US

50042848



2. Principal Place of Business 3. Mailing Address

2515 NE 7th Place **2515 NE 7th Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State City & State

Fort Lauderdale, FL **Fort Lauderdale, FL**

Zip Country Zip Country

33304 **US** **33304** **US**

4. FEI Number Applied For

43-2069263 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WHITE, ROBERT C JR.~~
~~18 SOUTH VICTORY PARK ROAD~~
~~FORT LAUDERDALE, FL 33304~~

7. Name and Address of New Registered Agent

Name
Valdes-Eauli Corporate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
500 E. Broward Blvd., Ste. 1400
 City State Zip Code
Fort Lauderdale **FL** **33394**

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: Martin R. Press, Esq., VP DATE: 4/19/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$480.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Richard Meli	
STREET ADDRESS	2515 NE 7th Place	
CITY-ST-ZIP	Fort Lauderdale, FL 33394	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard Meli **Richard Meli, President** DATE: 4/14/05

Signature and typed or printed name of signing officer or director Date Daytime Phone #