


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90001 004 \*\*\*150.00

**DOCUMENT # P06000059626**

1. Entity Name  
**RFG MANAGEMENT CONSULTING, INC.**




Principal Place of Business      Mailing Address  
**9060 W. COMMERCIAL BLVD.**      **9060 W. COMMERCIAL BLVD.**  
**SUNRISE, FL 33351 US**      **SUNRISE, FL 33351 US**

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

**6. Name and Address of Current Registered Agent**  
**GALENTINE, ROBERT F JR.**  
**9060 W. COMMERCIAL BLVD.**  
**SUNRISE, FL 33351**

**40113000**



08132008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**20-4765926**      Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALENTINE, ROBERT F JR. 2751 N. PALM AIRE DRIVE 108 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALENTINE, LAUREN B 2751 N PALM AIRE DRIVE 108 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *R.F. Galentine, Jr.*      **8-1-08**      **954-944-9293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #