

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000120387

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: RG TAXES INCORPORATED

## Current Principal Place of Business:

16186 NW 27TH AVENUE  
SUITE C  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

16186 NW 27TH AVENUE  
SUITE C  
OPA LOCKA, FL 33054

## New Mailing Address:

FEI Number: 26-1514546      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GITTENS, RHONDA P  
16186 NW 27TH AVENUE  
SUITE C  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GITTENS, RHONDA P  
Address: 16186 NW 27TH AVENUE, SUITE C  
City-St-Zip: OPA LOCKA, FL 33054

Title: VP ( ) Delete  
Name: GITTENS, RUBIN  
Address: 15889 S.E. 170TH AVENUE  
City-St-Zip: WEIRSDALE, FL 32195

Title: VP ( ) Delete  
Name: GODFREY, WALTHER  
Address: PO BOX 291953  
City-St-Zip: DAVIE, FL 33329

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RHONDA GITTENS

P

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date