## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000120387

Entity Name: RG TAXES INCORPORATED

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	86TH WAY , FL 33025				
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
PO BOX 2 DAVIE, FL					
FEI Number	: 26-1514546	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:					
2350 SW 8	RHONDA P 86TH WAY , FL 33025	US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( GITTENS, RHO 2350 SW 86TH MIRAMAR, FL	WAY	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( GITTENS, RUB 15889 S.E. 170 WEIRSDALE, I	TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( GODFREY, WA PO BOX 29195 DAVIE, FL 333	3	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 RA 03/25/2009