


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000002231
 1. Entity Name
 R GROUP INTERNATIONAL, INC.



Principal Place of Business 2321 NW 66TH CT. SUITE W4 GAINESVILLE, FL 32653 US	Mailing Address 2321 NW 66TH CT. SUITE W4 GAINESVILLE, FL 32653 US
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3149614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KAHN, HENRY J
 7647 NW 36TH AVENUE
 GAINESVILLE, FL 32606

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000359627
 05/04/05-80161-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN, HENRY J 2321 NORTHWEST 66TH COURT S-W4 GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAHN, DARREN F 2321 NORTHWEST 66TH COURT S-W4 GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAHN, NOREEN J 2321 NORTHWEST 66TH COURT S-W4 GAINESVILLE, FL 32653
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Henry J. Kahn* Date: _____ Daytime Phone #: 352-378-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR