## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P92000002231

R GROUP INTERNATIONAL, INC.

FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

2321 NW 66TH CT.

2321 NW 66TH CT.

SUITE W4

GAINESVILLE, FL 32653

SUITE W4

GAINESVILLE, FL 32653 LIS



04252006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3149614

Applied For Not Applicable

5. Certificate of Status Desired

\$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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		, The part of the			
	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	olng 🔲	\$5.00 May Be Added to Fees	//00000554173 05/15/06-80080-019 158,75
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN, HENRY J 2321 NORTHWEST 66TH COURT S-I GAINESVILLE, FL 32653	W4			
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-1 GAINESVILLE, FL 32653	<b>₩</b> 4	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

**SIGNATURE:** 

nte NAME STREET ADDRESS

Daytime Phone #