


FILED  
May 28, 2004 8:00 am  
Secretary of State

04-19-2004 90297 024 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P94000032742</b>					
1. Entity Name R-M DEVELOPMENT GROUP, INC.					
Principal Place of Business C/O MITCHELL MCRAE 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484			Mailing Address C/O MITCHELL MCRAE 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0500614	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCRAE, MITCHELL T ESQ 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484			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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> Delete			
NAME	ROBINSON, GERALD L				
STREET ADDRESS	23423 STATE RD Z 21 NW 12th ST				
CITY-ST-ZIP	BOCA RATON, FL 33426 Delray Beach FL 33444				
TITLE	SDT	<input type="checkbox"/> Delete			
NAME	FECHEIMER, FRED				
STREET ADDRESS	1577 N WOODWARD AVE STE 300				
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304				
TITLE	DVP	<input type="checkbox"/> Delete			
NAME	GORDON, HAROLD				
STREET ADDRESS	2 GROVE ISLE, 21				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: <u>Gerald Robinson</u> 5/24/04 561-637-9172					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					