

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90082 040 ***150.00

DOCUMENT # P96000064809

1. Entity Name

R.S. GROUP, INC.



Principal Place of Business

4721 UNIVERSITY DRIVE
CORAL GABLES FL 33146

Mailing Address

5821 REDDMAN RD
CHARLOTTE NC 28212
US



2. Principal Place of Business

3. Mailing Address *76 R-S Mgmt*
1981 J.N. PEASE Ph

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State
Charlotte, NC

4. FEI Number

65-0689756

Applied For

Not Applicable

Zip

Country

Zip

28262-4529

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SORKIO, LARRY
4721 UNIVERSITY DR. #6G
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name *LARRY SORKIN (correct spelling)*

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SORKIN, SELMA | |
| STREET ADDRESS | 4721 UNIVERSITY DRIVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SORKIN, LAWRENCE | |
| STREET ADDRESS | 5821 REDDMAN ROAD | |
| CITY-ST-ZIP | CHARLOTTE NC 28212 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SORKIN, STEVEN | |
| STREET ADDRESS | 11800 FARMLAND DRIVE | |
| CITY-ST-ZIP | ROCKVILLE MD 20852 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOSSEN, JUDITH | |
| STREET ADDRESS | 210 WEST RITTENHOUSE SQUARE #2507 | |
| CITY-ST-ZIP | PHILADELPHIA PA 19103 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>1981 J.N. PEASE PL, Suite 101</i> | |
| CITY-ST-ZIP | <i>Charlotte, NC 28262-4529</i> | |
| 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 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 exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE:

LAWRENCE SORKIN 4-6-06 704-548-0226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #