

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064809

Entity Name: R.S. GROUP, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

4721 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

C/O R&S MGMT
1981 J.N. PEASE PL., STE 101
CHARLOTTE, NC 282624529 US

New Mailing Address:

FEI Number: 65-0689756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORKIN, LARRY
4721 UNIVERSITY DR.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SORKIN, SELMA
Address: 4721 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: SORKIN, LAWRENCE
Address: 1981 J.N. PEASE PL STE 101
City-St-Zip: CHARLOTTE, NC 282624529

Title: D () Delete
Name: SORKIN, STEVEN
Address: 11800 FARMLAND DRIVE
City-St-Zip: ROCKVILLE, MD 20852

Title: D () Delete
Name: LOSBEN, JUDITH
Address: 210 WEST RITTENHOUSE SQUARE #2507
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE SORKIN

D

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date