


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000071854</b> 1. Entity Name R & G GROUP INTERNATIONAL, INC.	
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Principal Place of Business 605 HAWAII AVENUE TORRANCE, CA 90504 US	Mailing Address 605 HAWAII AVENUE TORRANCE, CA 90504 US
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**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3466643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DOYLE, RICHARDSON J  
9554 KEVIN ROAD  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DOYLE, RICHARDSON J 9554 KEVIN ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOYLE, RICHARDSON J 9554 KEVIN ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VALEV, GEORGE 605 HAWAII AVENUE TORRANCE, CA 90504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VALEV, GEORGE 605 HAWAII AVENUE TORRANCE, CA 90504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/28/07-80007-013 150.00

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IN THIS SPACE**

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 with an address, with all other like empowered.

**SIGNATURE:**

 **GEORGE VALEV**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/07 310-212-1333  
Date Daytime Phone #