


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90006 042 \*\*\*150.00

<b>DOCUMENT # P98000095541</b>	
1. Entity Name <b>R G MARKETING, INC.</b>	

Principal Place of Business <b>100 E LINTON BLVD 210B DELRAY BEACH, FL 33483</b>	Mailing Address <b>100 E LINTON BLVD 210B DELRAY BEACH, FL 33483</b>
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**54007059**

2. Principal Place of Business <b>2308 SPANISH TRAIL</b> Suite, Apt. #, etc.	3. Mailing Address <b>2308 SPANISH TRAIL</b> Suite, Apt. #, etc.
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01132004 Chg-P CR2E034 (10/03)

City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33483</b>	Zip <b>33483</b>
Country <b>FLORIDA</b>	Country <b>FLORIDA</b>

4. FEI Number <b>65-0875447</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GARCIA, ROBERT 100 E LINTON BLVD STE 210B DELRAY BEACH, FL 33483</b>	
7. Name and Address of New Registered Agent Name <b>ROBERT GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2308 SPANISH TRAIL</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>	

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 <b>Robert Garcia / PRESIDENT</b> DATE <b>2-11-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARCIA, ROBERT 100 E LINTON BLVD STE 210B DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (P) ROBERT GARCIA 2308 SPANISH TRAIL DELRAY BEACH, FL 33483</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Robert Garcia</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>2-11-04</b> Daytime Phone # <b>961-330-8214</b>