


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000006644</b>	
1. Entity Name RG RESERVE, INC.	

Principal Place of Business 6300 NE 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334	Mailing Address 6300 NE 1ST AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33334
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03212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0900615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

SADER, ROBERT L ESQ  
1901 W CYPRESS CREEK ROAD, #415  
FORT LAUDERDALE, FL 33309

**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 re-filing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCHEMAN, ROBERT J 1759 SE 10TH STREET FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCHEMAN, JEFFREY S 2511 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316
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05/20/06-80101-023 150.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Roschman*

4/24/06

Date

Daytime Phone #