

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90015 017 \*\*\*158.75

DOCUMENT # P99000008686

1. Entity Name

RESOURCE GROUP OF NORTH AMERICA, INC.



Principal Place of Business

777 S. FLAGLER DRIVE  
EAST 300  
WEST PALM BEACH FL 33401

Mailing Address

777 S. FLAGLER DRIVE  
EAST 300  
WEST PALM BEACH FL 33401

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0918619

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DERITA, THOMAS JR  
5770 WHIRLWAY ROAD  
PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name *Barbara G. De Reta*

Street Address (P.O. Box Number is Not Acceptable)

*5770 Whirlway Rd*

City

*P.B.*

FL

Zip Code *33418*

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

*Thomas De Reta Jr*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	DERITA, BARBARA	
STREET ADDRESS	5770 WHIRLWAY ROAD	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	DERITA, THOMAS G	
STREET ADDRESS	5770 WHIRLWAY ROAD	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONNORS, M. JORDAN	
STREET ADDRESS	907 WEIR ST	
CITY-STATE-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

*Barbara De Reta Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/1/07*

Date

*561-719-4150*

Daytime Phone #