


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 A
Secretary of State

DOCUMENT # P99000013586

1. Entity Name
THE RYSA GROUP ASSOCIATION, INC.



Principal Place of Business Mailing Address

**4503 NW 103RD AVENUE, SUITE #101
 SUNRISE, FL 33351** **4503 NW 103RD AVENUE, SUITE #101
 SUNRISE, FL 33351**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
65-0897366 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREENWALD, DANIEL D
 4503 NW 103RD AVENUE
 SUNRISE, FL 33351**

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 _____ DATE _____
Signatures typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when meeting)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

000000916195
 02/14/08-80039-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVNE, ADRIENNE
STREET ADDRESS	4503 NW 103RD AVENUE, SUITE #101
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Adrienne Levne **ADRIENNE L. LEVNE** 2/1/08 516-184-7090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date State Phone *