


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000019867
1. Entity Name
R.G. SALES AND MARKETING, INC.



Principal Place of Business Mailing Address
1088 NORTHWEST 125TH TERRACE 1088 NORTHWEST 125TH TERRACE
SUNRISE, FL 33323 SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0912525 Not Applicable

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

5. Name and Address of Current Registered Agent

GOLDMAN, ROBERT D
1088 NW 125TH TERR
SUNRISE, FL 33323-3186

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

03/28/05-80058-018 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD GOLDMAN, ROBERT D 1088 NORTHWEST 125TH TERRACE SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD WENICK, LILLIAN 1088 NORTHWEST 125TH TERRACE SUNRISE, FL 33323 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert D. Goldman ROBERT D. GOLDMAN PRESIDENT 03-25-05 954-846-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #