

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P99000019867

1. Entity Name
R.G. SALES AND MARKETING, INC.



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

Mailing Address
**1088 NORTHWEST 125TH TERRACE
 SUNRISE, FL 33323**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0912525

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GOLDMAN, ROBERT D
STREET ADDRESS	1088 NORTHWEST 125TH TERRACE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	SD
NAME	WENICK, LILLIAN
STREET ADDRESS	1088 NORTHWEST 125TH TERRACE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert Goldman **ROBERT GOLDMAN**
 _____ **PRESIDENT** **2-28-08** **954-846-9229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #