2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000051365

Entity Name

RKC FINANCIAL RESOURCES GROUP, INC.



FILED
Jan 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

4801 S. UNIVERSITY DR. SUITE 3090

DAVIE, FL 33328

4801 S. UNIVERSITY DR. SUITE 3090 DAVIE, FL 33328



DO NOT WRITE IN THIS SPACE

AND TYPED OR PRINTED NAME OF SIGNING O

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0925399 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytima Phone #

6. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL J 4801 S. UNIVERSITY DR. SUITE 3090 DAVIE, FL 33328

SIGNATURE:

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 III applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	U00000591034 01/19/07-80006-020 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUEZ, MIGUEL 4801 S UNIVERSITY DR SUITE 3090 DAVIE, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclicated on this report or supplemental report of the 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 tustee 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.					

ICER OR DIRECTOR