2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S88654

1. Entity Name
RLK INTERNATIONAL GROUP, INC.

Principal Place of Business	Mailing Address
4400 PGA BLVD 900 WEST PALM BEACH, FL 33410	4400 PGA BLVD 900 WEST PALM BEACH, FL 33410

DO NOT WRITE IN THIS SPACE

04032008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0297286	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KESONEN, DANIEL P.
4400 PGA BLVD
900
WEST PALM BEACH, FL 33410

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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 if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

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	U00000882065 04/16/08-80026-003 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PC	
NAME	KESONEN, DANIEL P	
STREET ADDRESS	900 - 4400 PGA BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE		
NAME		
STREET ADDRESS		
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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: _____ 4/2/08   561-626-9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #