


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90032 050 ***150.00

DOCUMENT # V30306 1. Entity Name RLL & ASSOCIATES, INC.	
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Principal Place of Business 1717 N. BAYSHORE DR., STE 2946 MIAMI, FL 33132	Mailing Address 9900 S.W. 168TH ST., STE 9 MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0307304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ROSE L
1717 N BAYSHORE DRIVE
2943
MIAMI, FL 33132

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS MARTIN, ROSE L 1717 N BAYSHORE DRIVE #2946 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS MARTIN, LAVORIS 1717 N BAYSHORE DRIVE #2946 MIAMI, FL 33132
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rose Martin 4-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #