

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 270781**

1. Entity Name  
R. M. S., INC.



Principal Place of Business

150 SE 2ND AVE #810  
MIAMI, FL 33131

Mailing Address

150 SE 2ND AVE #810  
MIAMI, FL 33131



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1006388

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COROALLES, MANUEL A.  
2845 GRANADA BLVD.  
APT 1-A  
CORAL GABLES, FL 33134

**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 if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COROALLES, MANUEL A  
STREET ADDRESS 2845 GRANADA BLVD. APT 1-A  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD  
NAME COROALLES, MANUEL IV  
STREET ADDRESS 2127 BRICKELL AVENUE ATO 1266  
CITY-ST-ZIP MIAMI, FL 33129

TITLE VDS  
NAME GUTERES, ANNETTE  
STREET ADDRESS 2127 BRICKELL AVENUE APTO 1206  
CITY-ST-ZIP MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000526111  
05/04/06-80061-013 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-06

305-371-1311