


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90011 007 \*\*\*\*61.25

<b>DOCUMENT # N51233</b>					
1. Entity Name <b>THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, INC.</b>					
Principal Place of Business <b>25 W. FLAGLER ST. MIAMI FL 33130 US</b>		Mailing Address <b>25 W. FLAGLER ST. C/O JOHN FLEISCHACKER MIAMI FL 33130 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3201078</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FLEISHACKER, JOHN 25 W. FLAGLER ST. MIAMI FL 33130</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 re-registering) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>SCOTT SUITS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOZZUTO, LINDA</b>		NAME	<b>450 SOUTH ORANGE AVE</b>	
STREET ADDRESS	<b>501 S FLAGLER DRIVE</b>		STREET ADDRESS	<b>ORLANDO FLA 32801</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>TOM OLSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKE, BILL</b>		NAME	<b>CIO OCEAN BANK</b>	
STREET ADDRESS	<b>ADMIRALITY BANK, 1401 N FEDERAL HWY</b>		STREET ADDRESS	<b>200 N.E. 3RD AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>		CITY-ST-ZIP	<b>FT LAUDERDALE FLA 33301</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>TESULA STEWART</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, EILEEN</b>		NAME	<b>47 VIA MURELIA</b>	
STREET ADDRESS	<b>FIRST UNION, 200 S BISCAYNE BLVD</b>		STREET ADDRESS	<b>PALM BEACH GARDENS FLA - 33418</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEISCHACKER, JOHN</b>		NAME		
STREET ADDRESS	<b>25 W. FLAGLER STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33130</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, 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: <i>John J. Fleischacker</i>			Date: <b>7/26/05</b>		Daytime Phone #: <b>(305) 577-7442</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					