


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000106656
1. Entity Name
RZM, INC.



Principal Place of Business: 10319 KEY LANTERN DRIVE
NEW PORT RICHEY, FL 33654
Mailing Address: 10319 KEY LANTERN DRIVE
NEW PORT RICHEY, FL 33654

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03012005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3696062 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STAVESKI, MICHAEL J
10319 KEY LANTERN DRIVE
NEW PORT RICHEY, FL 33654

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000261269
03/14/05-80004-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STAVESKI, MICHAEL
STREET ADDRESS	10319 KEY LANTERN DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 33654
TITLE	T
NAME	STAVESKI, RAYMOND
STREET ADDRESS	2229 LEMA DR
CITY-ST-ZIP	SPRINGHILL, FL 34609
TITLE	VP
NAME	ANDRE, ZITA
STREET ADDRESS	8515 BLIND PASS DR
CITY-ST-ZIP	TREASURE ISLAND, FL 33700
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Raymond Stavelin* Date: 3-10-05 Daytime Phone #: X2276649577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR