


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90454 004 ***150.00

DOCUMENT # P98000016949 1. Entity Name RIALMA IMPORT & EXPORT, INC.			
Principal Place of Business 2701 NW 2ND AVENUE MIAMI, FL 33127		Mailing Address 2701 NW 2ND AVENUE MIAMI, FL 33127	
2. Principal Place of Business 2545 N. MIAMI AVENUE		3. Mailing Address 2545 N. MIAMI AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33127	Country	Zip 33127	Country
4. FEI Number 65-0815074		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 YAN, BENNY 2701 NW 2ND AVENUE MIAMI, FL 33127		7. Name and Address of New Registered Agent Name YAN, BENNY Street Address (P.O. Box Number is Not Acceptable) 2545 N. MIAMI AVENUE City MIAMI FL Zip Code 33127	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5:00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAN, BENNY 2701 NW 2ND AVE MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 2545 N. MIAMI AVENUE MIAMI FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 my address, with all other like empowered.			
SIGNATURE:		DATE	
Signature and typed or printed name of signing officer or director		Daytime Phone #	