2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

4 War

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. .

DOCUMENT # P99000056533 2005 OCT 17 PM 12: 47 R & M INVESTMENT CORP. OF MIAMI SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 115 PONCE DE LEON 115 PONCE DE LEON MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10142005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0931721 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, CARLOS Street Address (P.O. Box Number is Not Acceptable) 7301 S.W. 122ND COURT MIAMI, FL 33183 City Zip Code FL 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. 900060779879 SIGNATURE_ (NOTE: Registered Agent signature required when redstating) 3. 05 - 01050 - 004 ## ##51.25 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete PT TITLE TITLE Channe ■ Addition NAME NAME 7039 S.W. 100TH-PLACE STREET ADDRESS STREET ADDRESS MIAMI: FE-00125 CITY-ST-ZIP CITY-ST-ZIP PVPSTD Change ₩-TITLE ☐ Addition TITLE ☐ Delete MARTINEZ, CARLOS MARTINEZ, CARLOS NAME MAME 7301 S.W. 122 COURT STREET ADDRESS 7301 S.W. 122 COURT STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP MIAMI , FL 33183 CITY - ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ 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 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 it 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.

FILED

10-14-05

Date

(305) 221-2110