

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90232 049 \*\*\*150.00

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DOCUMENT # P04000171048			
1. Entity Name RIMA MARKET II CORP.		Principal Place of Business 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030	
Mailing Address 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030		e/o Lopez Accounting	
2. Principal Place of Business		3. Mailing Address 1800 W. 49 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201	
City & State		City & State Hialeah, FL	
Zip	Country	Zip	Country
		33012	USA
4. FEI Number		Applied For	
20-2036616		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALBARGHOUTH, HASSAN 350 EAST 14TH ST HIALEAH, FL 33010		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ 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, 2006 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTAFA, YOUSEF	NAME	
STREET ADDRESS	1582 & 1584 NE 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHAMD, ABDEL R	NAME	
STREET ADDRESS	1582 & 1584 NE 8TH ST.	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33030	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	
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 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 empowerment.			
SIGNATURE: <u>Yousef Mustafa</u>		Date: <u>4/30/06</u> (305) 246-8644	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	