

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L20434

1. Entity Name
R.B.M. CAPITAL INVESTMENTS, INC.



Principal Place of Business
3201 N.W. 116TH STREET
MIAMI, FL 33167

Mailing Address
3201 N.W. 116TH STREET
MIAMI, FL 33167



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0165114

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POMERANC, BERNIE
3201 NW 116TH STREET
MIAMI, FL 33167

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

000000828586
05/21/08-80036-019 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME POMERANC, BERNIE
STREET ADDRESS 3201 NW 116TH STREET
CITY-STATE-ZIP MIAMI, FL

TITLE D
NAME POMERANC, PATRICIA
STREET ADDRESS 3201 NW 116TH STREET
CITY-STATE-ZIP MIAMI, FL

TITLE D
NAME POMERANC, MANNY
STREET ADDRESS 3201 N.W. 116 STREET
CITY-STATE-ZIP MIAMI, FL 33167

TITLE D
NAME POMERANC, BRAIN
STREET ADDRESS 3201 N.W. 116 STREET
CITY-STATE-ZIP MIAMI, FL 33167

TITLE D
NAME POMERANC, REUBEN
STREET ADDRESS 3201 N.W. 116 STREET
CITY-STATE-ZIP MIAMI, FL 33167

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____