

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000168

Entity Name: RFMW, LTD., INCORPORATED

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

8751 W. BROWARD BLVD., SUITE #404
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

90 GREAT OAKS BLVD.
STE 107
SAN JOSE, CA 95119 US

New Mailing Address:

FEI Number: 72-1565727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILDEN, SPENCER
8751 W. BROWARD BLVD., SUITE #404
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LEVINE, JOEL
Address: 90 GREAT OAKS BLVD., STE 107
City-St-Zip: SAN JOSE, CA 95119

Title: VP () Delete
Name: TAKAKI, STEVEN
Address: 90 GREAT OAKS BLVD., SUITE 107
City-St-Zip: SAN JOSE, CA 95119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN ATANGAN

Electronic Signature of Signing Officer or Director

TREA

01/14/2009

Date