

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F36788**

1. Entity Name  
**RIMORTWO, INC.**



Principal Place of Business

P.O. BOX 6478  
SNOWMASS VILLAGE, CO 81615 US

Mailing Address

P.O. BOX 6478  
SNOWMASS VILLAGE, CO 81615 US



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2130521**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOM, LEONARD H  
ONE FINANCIAL PLAZA #1406  
FT LAUDERDALE, FL

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

-10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COHEN, MORRIS
STREET ADDRESS	18 VIEW RIDGE LANE
CITY-ST-ZIP	SNOWMASS VILLAGE, CO
TITLE	DS
NAME	COHEN, RITA
STREET ADDRESS	18 VIEW RIDGE LANE
CITY-ST-ZIP	SNOWMASS, CO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80035-013 150.00

**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:**

*Morris Cohen* Morris Cohen

Date

Daytime Phone #

1/9/08 970 923 2560