

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000002610

1. Entity Name
RUM MARKETING INTERNATIONAL (RUMMI) LTD., INC.



Principal Place of Business
APARTADA 1494 CAMINO DE ORIENTE
MANAGUA, NICARAGUA,

Mailing Address
9155 S. DADELAND BLVD
SUITE 1406
MIAMI, FL 33156



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3578212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H ESQ.
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI, FL 33131

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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, 2005 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	PELLAS CHAMORRO, CARLOS F
STREET ADDRESS	APARTADA 1494 CAMINO DE ORIENTE
CITY - ST - ZIP	MANAGUA, NICARAGUA,
TITLE	VD
NAME	PELLAS CHAMORRO, SILVIO
STREET ADDRESS	APARTADA 1494 CAMINO DE ORIENTE
CITY - ST - ZIP	MANAGUA, NICARAGUA,
TITLE	STD
NAME	CHAMORRO BENARD, ERNESTO
STREET ADDRESS	APARTADA 1494 CAMINO DE ORIENTE
CITY - ST - ZIP	MANAGUA, NICARAGUA,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/16/05-80055-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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 #