

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90071 006 ***158.75

DOCUMENT # F99000002610

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



Principal Place of Business Mailing Address
APARTADA 1494 CAMINO DE ORIENTE **9155 S. DADELAND BLVD**
MANAGUA, NICARAGUA, **SUITE 1406**
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01042007 Chg-P CR2E034 (12/06)

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.
1395 BRICKELL AVE., 14TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	PELLAS CHAMORRO, CARLOS F	
STREET ADDRESS	APARTADA 1494 CAMINO DE ORIENTE	
CITY-ST-ZIP	MANAGUA, NICARAGUA,	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PELLAS CHAMORRO, SILVIO	
STREET ADDRESS	APARTADA 1494 CAMINO DE ORIENTE	
CITY-ST-ZIP	MANAGUA, NICARAGUA,	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHAMORRO BENARD, ERNESTO	
STREET ADDRESS	APARTADA 1494 CAMINO DE ORIENTE	
CITY-ST-ZIP	MANAGUA, NICARAGUA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #