


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F99000002610</b> 1. Entity Name <b>RUM MARKETING INTERNATIONAL (RUMMI) LTD., INC.</b>	
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Principal Place of Business <b>APARTADA 1494 CAMINO DE ORIENTE MANAGUA, NICARAGUA,</b>	Mailing Address <b>9155 S. DADELAND BLVD SUITE 1406 MIAMI, FL 33156</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3578212</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FRIEDHOFF, JOHN H ESQ. 1395 BRICKELL AVE., 14TH FLOOR MIAMI, FL 33131</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PELLAS CHAMORRO, CARLOS F APARTADA 1494 CAMINO DE ORIENTE MANAGUA, NICARAGUA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELLAS CHAMORRO, SILVIO APARTADA 1494 CAMINO DE ORIENTE MANAGUA, NICARAGUA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAMORRO BENARD, ERNESTO APARTADA 1494 CAMINO DE ORIENTE MANAGUA, NICARAGUA,
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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02/13/08-80043-020 158.75

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: <u>SILVIO PELLAS CHAMORRO</u> 1/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/28/08</u> <small>Daytime Phone #</small>