


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L20434**  
 1. Entity Name  
 R.B.M. CAPITAL INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
 3201 N.W. 116TH STREET      3201 N.W. 116TH STREET  
 MIAMI, FL 33167                  MIAMI, FL 33167

**DO NOT WRITE IN THIS SPACE**



04052007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0165114</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
 POMERANC, BERNIE  
 3201 NW 116TH STREET  
 MIAMI, FL 33167

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D POMERANC, BERNIE 3201 NW 116TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANC, PATRICIA 3201 NW 116TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANC, MANNY 3201 N.W. 116 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANC, BRAIN 3201 N.W. 116 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANC, REUBEN 3201 N.W. 116 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/07-80076-013 158.75

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: Brian Pomercanc      4-5-07      305 769-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #