


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L20434 1. Entity Name R.B.M. CAPITAL INVESTMENTS, INC.	
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Principal Place of Business 3201 N.W. 116TH STREET MIAMI, FL 33167	Mailing Address 3201 N.W. 116TH STREET MIAMI, FL 33167
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

POMERANC, BERNIE
 3201 NW 116TH STREET
 MIAMI, FL 33167

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000828586 05/21/08-80036-019 150.00
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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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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____