

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20434

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: R.B.M. CAPITAL INVESTMENTS, INC.

**Current Principal Place of Business:**

3201 N.W. 116TH STREET  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

3201 N.W. 116TH STREET  
MIAMI, FL 33167

**New Mailing Address:**

FEI Number: 65-0165114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: POMERANC, BERNIE  
Address: 3201 NW 116TH STREET  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: POMERANC, PATRICIA  
Address: 3201 NW 116TH STREET  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: POMERANC, MANNY  
Address: 3201 N.W. 116 STREET  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: POMERANC, BRAIN  
Address: 3201 N.W. 116 STREET  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: POMERANC, REUBEN  
Address: 3201 N.W. 116 STREET  
City-St-Zip: MIAMI, FL 33167

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN POMERANC

VP

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date