2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM DOCUMENT # L74655 **Secretary of State** 1. Entity Name R & M INTERNATIONAL, INC. Principal Place of Business Mailing Address 7101 SHERIDAN STREET 7101 SHERIDAN STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 No Chg-P CR2E034 (11/05) 01082006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0199504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANCINIK, FRANK J. DO NOT WRITE 2128 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 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, typed or printed name of registered agent and fittle if applicable. (NOTE: Pregratered Agent signature required when remaining) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. PTD ANDRADE, MARIA C. NAME THURINGUAGE AD A 7101 SHERIDAN STREET STREET ADDRESS カメステ/05-80021-018 158.7**5** CITY-ST-ZIP HOLLYWOOD, FL 33024 VSD TITLE ANDRADE, RAFAEL E. STREET ADDRESS 7101 SHERIDAN STREET CITY-ST-ZIP HOLLYWOOD, FL 33024 NAME STREET ADDRESS DO NOT WRITE City-St-ZIP IN THIS SPACE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling 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 cells; 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Maria C Quelake Maria C. ANDRAGE PTD 03/02/2006 954-98/2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRIEGTOR
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