

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M77825</b> 1. Entity Name <b>R &amp; M REAL ESTATE INVESTMENT CORP.</b>																													
Principal Place of Business <b>2 GROVE ISLE DRIVE</b> <b>#1508</b> <b>COCONUT GROVE FL 33133</b> <b>US</b>			Mailing Address <b>2 GROVE ISLE DRIVE</b> <b>#1508</b> <b>COCONUT GROVE FL 33133</b> <b>US</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>NO-T APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>MINTZ, LAWRENCE</b> <b>2 GROVE ISLE DR</b> <b>#1508</b> <b>COCONUT GROVE FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PST</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MINTZ, LAWRENCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 GROVE ISLE DRIVE #1508</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>COCONUT GROVE FL 33133</td> <td></td> </tr> </table>			TITLE	PST	<input type="checkbox"/> Delete	NAME	MINTZ, LAWRENCE		STREET ADDRESS	2 GROVE ISLE DRIVE #1508		CITY - ST - ZIP	COCONUT GROVE FL 33133		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000256320</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>03/09/05-80010-015 150.00</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	U00000256320		CITY - ST - ZIP	03/09/05-80010-015 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Lawrence Mintz</u> <span style="float: right;">3/7/05 305-856-8589</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													