


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90007 010 ****70.00

DOCUMENT # N9600001675 1. Entity Name RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA) INC.			
Principal Place of Business 110 NT CURVE AVENUE N.E. ST. PETERSBURG FL 33702 <i>110 MT. CURVE AVE N.E.</i>		Mailing Address 110 NT CURVE AVENUE N.E. ST. PETERSBURG FL 33702	
2. Principal Place of Business Suite, Apt. #, etc. <i>ST. PETERSBURG</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>ST. PETERSBURG FL.</i>		City & State	
Zip <i>33702</i>	Country <i>PINELLAS</i>	Zip	Country
6. Name and Address of Current Registered Agent MCLACHLAN, BRYAN K 9750 SEMINOLE BOULEVARD PO BOX 7427 SEMINOLE FL 33772		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD DION, JEAN 300 MT. PINEY AVENUE SAINT PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, JOHN 7006 MT DELEON ROAD ST. PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIESER, CONRAD 7221 MT. JUPITER SAINT PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTD BEGIN, PAULINE 110 MT CURVE AVE N E ST. PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP LEDERHOUSE, MAGARET 65 MT KEY AVE. SAINT PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E037 (11/03)

4. FEI Number	59-3427142	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

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 617, 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: *Pauline C. Begin Treasurer* 1/25-04 727-525-2783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #