

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001675

FILED
Feb 28, 2009
Secretary of State

Entity Name: RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA) INC.

Current Principal Place of Business:

461 MT PINEY AVE NE
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

461 MT PINEY AVE NE
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-3427142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUHN, CHRISTOPHER S
1266 SOUTH PINELLAS AVE
TARPON SPRINGS, FL 34689 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

OFFICERS AND DIRECTORS:

Title: TTD () Delete
Name: WALTER, EDWARD
Address: 461 MT. PINEY AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: S () Delete
Name: WIESER, CONRAD
Address: 7221 MT. JUPITER
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: 1VP (X) Delete
Name: NIXON, MARK
Address: 676 MT LANCASTER AVE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: PD () Delete
Name: CONNOLLY, HUBERT
Address: 6712 MT PLEASANT AVE
City-St-Zip: SAINT PETERSBURG, FL 33702

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD WALTER

_____ Electronic Signature of Signing Officer or Director

TTD

02/28/2009

_____ Date