## FILED Apr 04, 2005 8:00 am Secretary of State

2005	FOR PROFIT CORPORAT	IUN
	ANNUAL REPORT	

DOCUMENT # P0000044323  1. Entity Name RYMAR MANAGEMENT GROUP INC.						04-04-2005	5 90079 04	1 ***150	0.00	
Principal Place of Business 7901 W. 25 AVENUE SUITE 3 HIALEAH, FL 33016  2. Principal Place of Business		Mailing Address 7901 W. 25 AVENUE SUITE 3 HIALEAH, FL 33016 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022005	Chg-P	CR2E034	<b>4</b> (10/03)		
City & State		City & State			4. FEI Numb	<del>  .</del>			plied For t Applicable	
Zip	Country	Zip	Count	ry	- <del></del>	of Status Desired	\$9.75 Addition		itional	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BESU, ROGER 1925 BRICKELL AVENUE			-	Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE D206 MIAMI, FL 33129				City			FL	Zip Code	9	
	named entity submits this statement to	or the purpose of changing its	registere	d office or registe	ered agent, or bo	th, in the State of F		miliar with,	and accept	
the obligation the street the str	ons of registered agent.									
Glarvione	Signature, typed or printed name of registered agent	and life if applicable. (NOT	E: Registered	Agent signalure requir	ed when reinstating)	<u>.</u>	DATE		<del></del>	
- FILE After Ma	E NOW!!!~FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont			5.00 May Be	į	~ ··			
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OF		DIRECTORS  Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	RAFULS, RICHARD 7901 W. 25 AVE. BAY #3 HIALEAH, FL 33016	☐ Delete	NAME STREE					Grange	AUUIIIOII	
NAME STREET ADDRESS CITY-ST-ZIP	DS MARRERO, HECTOR 7901 W 25 AVE BAY #3 HIALEAH, FL 33016	☐ Delets						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	1	1	<del>- · , , , , , , , , , , , , , , , , , , </del>		14 100 1	Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-SI-ZIP	·	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	_					Change	Addition	
	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee emplor on an attachment with an address SURE:	My	<u>/</u>	ICHARD	Section 119.07(3) e same legal effe 07, Florida Statut	(i), Florida Statutes ct as if made under es; and that my nar	I further certificath; that I am ne appears in	y that the ir n an officer Block 10 or	or director Block 11 if	