## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # P0100009026  1. Entity Name				FILED		
RM	ENTERPRISE	GROUP IN	VC.	02 MAY 31 PM 12: 02		
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE. FLORIDA		
P.O. BOX 142074 P.		3. Mailing Address P. O. BOX 14  Suite, Apt. #, etc.	12074	DO NOT WRITE IN THIS SPACE		
City & State	City & State ORAL GABLES, FL CORAL GAB		ES, FL	65, FL 65-1134311 Applied For Not Applicable		
Zip 331		33114	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
7. Name and Address of Current Regist Name RAUL FERNANDEZ  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  9135 SW 125 AVENUE  City MIAMI					P-107 FL 33786	
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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1: May 1 Fee is \$150.00  After May 1; Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State				10. Election Campaign Fin Trust Fund Contribution		
11.	OFFICERS AND	(0/0)	TIME HAR STATE OF STA	egi si in di dalah dan	STANT KINDSON	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	RAUL FERNANDEZ P.O. BOX 142074 CORAL GABLES, FL		NAME STREET ADDRESS CITY-ST-ZIP	-06/25/	9794626 02-01063019 0.00 ****150.00	
DITLE NAME STREET ADDRESS GITY-ST-ZIP	MARTHA FERNANI P.O. BOX 14207 CORAL GABLES, F	4	TITLE NAME STREET ADDRESS CITY: ST: ZIP			
TITLE NAME STREET ADDRESS CHY-SI-ZIP	TERESA GARCÍA P.O. BOX 14207 CORAL GABLES,	(D) 4 FL 33114.	NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY ST-ZIP DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			NAME STREET ADDRESS CITY-ST; ZIP	$M_{ m N}$		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.						

## RM ENTERPRISE GROUP INC. DOC.#P01000009026

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR REQUEST I HAVE ENCLOSED THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY.

PRESIDENT