


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000009026 1. Entity Name RM ENTERPRISE GROUP INC.	
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Principal Place of Business P.O. BOX 142074 CORAL GABLES, FL 33114	Mailing Address P.O. BOX 142074 CORAL GABLES, FL 33114
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1134311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERNANDEZ, RAUL
9135 S.W. 125 AVENUE
P-107
MIAMI, FL 33186

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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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, RAUL P.O. BOX 142074 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERNANDEZ, MARTHA P.O. BOX 142074 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, TERESA P.O. BOX 142074 CORAL GABLES, FL 33114
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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)(b), 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:  4/23/04 786-208-7549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #