

JAN-30-2004 15:52

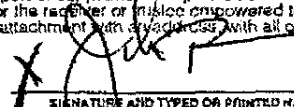
PNFW LLP

212 262 2769 P.02/03

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000013744		
1. Entity Name JOHN RIMA DESIGN, INC.		
Principal Place of Business 324 ROYAL PALM WAY SUITE 227 PALM BEACH, FL 33480	Mailing Address 324 ROYAL PALM WAY SUITE 227 PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RIMA, JOHN 324 ROYAL PALM WAY SUITE 227 PALM BEACH, FL 33480		DO NOT WRITE IN THIS SPACE
5. 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000038462 02/06/04-80141-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIMA, JOHN 324 ROYAL PALM WAY #227 PALM BEACH, FL 33480	
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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)(f), 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 register 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 a address with all other like employees.		
SIGNATURE: 		02/04/04 (561) 835-6854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3409208Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACEDO NOT WRITE
IN THIS SPACE