

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00-AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                                        |                                                                                                                                          |                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000036770</b><br>1. Entity Name<br><b>RIMA FINANCIAL GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                        |                                                                                                                                          |                                                                                         |  |
| Principal Place of Business<br><b>P.O. BOX 161516<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                                                                                                        | Mailing Address<br><b>P.O. BOX 161516<br/>MIAMI, FL 33186</b>                                                                            |                                                                                                                                                                          |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                                                                          |                                                                                        |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | City & State<br><br>Zip      Country                                                                                   |                                                                                                                                          | 4. FEI Number<br><b>65-1099772</b>                                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                                        |                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PARIS, RICARDO<br/>12573 SW 121 WAY<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                                                                                          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                                                                                                        |                                                                                                                                          |                                                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                          |                                                                                                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                    |                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PARIS, RICARDO<br>P.O. BOX 161516<br>MIAMI, FL 33116 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>U000000129197</b><br/> <b>04/26/04-80068-016 150.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| 12. 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 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 line empowered. |                                                           |                                                                                                                        |                                                                                                                                          |                                                                                                                                                                          |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                        | Date: <b>4/2/04</b> Daytime Phone #: <b>305-4850202</b>                                                                                  |                                                                                                                                                                          |  |