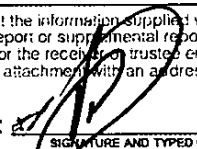


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90175 013 ***150.00

DOCUMENT # P01000051242 1. Entity Name R & M INVESTMENT ENTERPRISES, INC.			
Principal Place of Business 15337 S.W. 62ND STREET MIAMI, FL 33193		Mailing Address 15337 S.W. 62ND STREET MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box # 19399 S.W. 80 Court		3. Mailing Address 19399 S.W. 80 Court	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33157		Zip 33157	
Country 		Country 	
4. FEI Number 65-1104717		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARINAS, OLGA 15337 S.W. 62ND STREET MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DST	NAME FARINAS, OLGA L	☐ Delete	☒ Change ☐ Addition
STREET ADDRESS 15337 S.W. 62ND STREET	CITY-ST-ZIP MIAMI, FL 33193	Farinas Olga L 19399 S.W. 80 Court Miami, FL 33157	
TITLE DP	NAME FARINAS, VICTOR	☐ Delete	☒ Change ☐ Addition
STREET ADDRESS 15337 S.W. 62ND STREET	CITY-ST-ZIP MIAMI, FL 33193	Farinas, Victor 19399 S.W. 80 Court Miami, FL 33157	
TITLE VD	NAME CABERA, JORGE	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS 4602 SW 128TH CT	CITY-ST-ZIP MIAMI, FL 33176		
TITLE 	NAME 	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1/4-13-07 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	