2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000062768

1. Entity Name
RIMA'S CHEESECAKE, INC.

Principal Place of Business	Mailing Address
4713 NORTH CONCRESS AVE BOYNTON BEACH, FL 33426	1200 VIA LUGANO CIRCLE #303 BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE
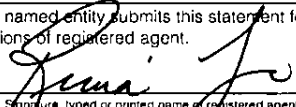
03252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1140145	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, RIMA
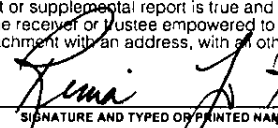1200 VIA LOGANO CIRCLE #303
BOYNTON BEACH, FL 33436

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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 _Rima Jo_   _RIMA LORENZO_   _4. 4. 08_
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000883527
04/17/08-8007-012 150.00

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	POLLOCK, LYNN
STREET ADDRESS	180 ROCK CREEK LN
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	D
NAME	THURMAN, ANDREA
STREET ADDRESS	207 BREWSTER RD.
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	P
NAME	LORENZO, RIMA
STREET ADDRESS	1206 VIA LUCANO CIRCLE #303
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Rima Jo_ _RIMA LORENZO_   _4. 4. 08_   _561.967.9009_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #