


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

P01000109906 1. Entity Name RIMAL INC.	
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Principal Place of Business 1325 N.W. SAINT LUCIE WEST BLVD. PORT SAINT LUCIE, FL 34986	Mailing Address 1325 SAINT LUCIE WEST BLVD PORT ST. LUCIE, FL 34986
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4. FEI Number 65-1153114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75    00000000 00000000

6. Name and Address of Current Registered Agent

PATEL, SAROJBEN  
9500 S OCEAN DR  
JENSEN BEACH, FL 34957

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00    00000000 00000000
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, SAROJBEN
STREET ADDRESS	9500 S. OCEAN DRIVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 like empowered.

**SIGNATURE:** Saroj Patel President 01/29/04 772-336-0640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #