


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90030 035 ***150.00

DOCUMENT # P01000109906	
1. Entity Name RIMAL INC.	

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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2. Principal Place of Business - No P.O. Box # 11027 S. Ocean Drive	3. Mailing Address 11027 S. Ocean Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jensen Beach, FL	City & State Jensen Beach, FL
Zip 34957	Country US



02202007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1153114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATEL, SAROJBEN 9500 S OCEAN DR JENSEN BEACH, FL 34957	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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SAROJBEN 9500 S. OCEAN DRIVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Saroj Patel 02/20/2007 772-631-8852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #