## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2007 8:00 am DOCUMENT # P02000011676 **Secretary of State** RDM BEACH INVESTMENTS, INC. 02-09-2007 90026 045 \*\*\*150.00 Principal Place of Business Mailing Address C/O NICOLAS FERNANDEZ PA C/O NICOLAS FERNANDEZ PA 780 NW LEJEUNE ROAD SUITE 324 780 NW LEJEUNE ROAD SUITE 324 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10 NW Le Jeune Road 10 NW Le Jeune Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) Chg-P Suite 500 Suite 500 City & State 4. FEI Number City & State Applied For 01-0597861 Florida Country Miami, Florida Not Applicable Miami, Country Zip 33126 \$8.75 Additional 5. Certificate of Status Desired Dade Fee Required 33126 Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Esquire Corporate Services, ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 10 NW Le Jeune Road 780 NW LE JEUNE ROAD SUITE 324 MIAMI, FL 33126 Suite 500 City Zip Code Miami 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT : Delete TITLE TITI F ☐ Change ☐ Addition NAME ROMAGNOLI, ROBERTO NAME STREET ADDRESS 5025 COLLINS AVE., #1501 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME ROMAGNOLI, DIONINO NAME STREET ADDRESS 5025 COLLINS AVE., #1501 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROMAGNOLI, MARCO NAME STREET ADDRESS 5025 COLLINS AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

THE MARES ROMAGNOU

SIGNATURE:

SIGNATURE AND TYPES OR PRINTE

FILED

Daytime Phone #