


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 021 ***158.75

DOCUMENT # P02000027130

1. Entity Name
R.M. GENERAL CONSTRUCTION, CORP.



Principal Place of Business Mailing Address

**15831 SW 254 STREET
 HOMESTEAD, FL 33031** **15831 SW 254 STREET
 HOMESTEAD, FL 33031**

54055569



DO NOT WRITE IN THIS SPACE

05202004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3615308	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, RACIEL F
 2350 WEST 60 STREET
 SUITE 10
 HIALEAH, FL 33016**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s: 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, RACIEL F 2350 WEST 60 STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE QUESADA, DIALIS R 2350 WEST 60 STREET HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 IN THIS SPACE**

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: *[Signature]* **Vice President** 5/20/04 (856) 586-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #