


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000027130 1. Entity Name R.M. BONET, CORP.	
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Principal Place of Business 13890 SW 139TH COURT MIAMI, FL 33186	Mailing Address 15831 SW 254TH STREET HOMESTEAD, FL 33031
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**DO NOT WRITE IN THIS SPACE**



07232008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3615308	Applied For Not Applicable
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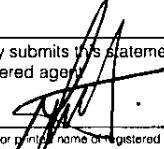
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

MARTINEZ, RACIEL F  
 15831 SW 254 STREET  
 HOMESTEAD, FL 33031

**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 12, 2008**

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	PD MARTINEZ, RACIEL F 15831 SW 254 STREET MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DE QUESADA, DIALIS R 2350 WEST 60 STREET HIALEAH, FL 33016
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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U00000956539  
 07/28/08-80006-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  DATE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR