
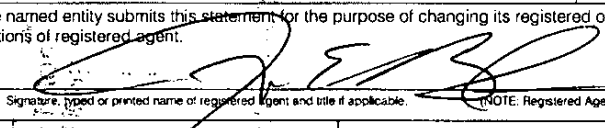


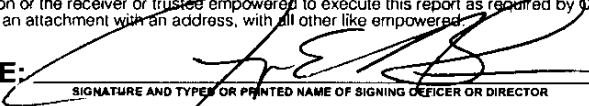
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90030 035 ***150.00

DOCUMENT # P02000042685 1. Entity Name RMV PROPERTIES INC.																													
Principal Place of Business 5310 SW 7 ST MIAMI, FL 33134			Mailing Address 5310 SW 7 ST MIAMI, FL 33134																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent VAZQUEZ, BLANCA A 5310 SW 7 ST MIAMI, FL 33134			7. Name and Address of New Registered Agent Name Jorge E. Blanco, Esq. Street Address (P.O. Box Number is Not Acceptable) 1401 Ponce De Leon Blvd. Suite 202 City Coral Gables, FL Zip Code 33134																										
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 obligation of registered agent. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PDST</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VAZQUEZ, BLANCA A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5310 SW 7 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33134</td> <td></td> </tr> </table>			TITLE	PDST	<input checked="" type="checkbox"/> Delete	NAME	VAZQUEZ, BLANCA A.		STREET ADDRESS	5310 SW 7 STREET		CITY-ST-ZIP	MIAMI, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Blanca Vazquez</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PDST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 140151</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Gables, Fl. 33114</td> <td></td> </tr> </table>			TITLE	Blanca Vazquez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PDST		STREET ADDRESS	P.O. BOX 140151		CITY-ST-ZIP	Coral Gables, Fl. 33114	
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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: 	2/16/06	(305) 444-0044
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

60018840



02132006 Chg-P CR2E034 (11/05)

4. FEI Number
42-1534002

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required