


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000056640**  
1. Entity Name  
**REME CORP.**



Principal Place of Business      Mailing Address  
7369 NW 34 ST.                      8900 SW 102 COURT  
MIAMI, FL 33122 US                MIAMI, FL 33176 US



03072006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
**04-3676542**                      *Not Applicable*

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

**6. Name and Address of Current Registered Agent**

ALVAREZ, VIVIAN D  
1985 NW 88TH CT., SUITE 201  
MIAMI, FL 33172

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

100000464950  
03/22/06-80018-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MERCHAN FONSECA, OLGA H
STREET ADDRESS	CARRERA 32 NO. 91-18
CITY-ST-ZIP	BOGOTA, COLOMBIA SA,
TITLE	D
NAME	MERCHAN FONSECA, ANA CECILIA
STREET ADDRESS	CARRERA 32 NO. 91-18
CITY-ST-ZIP	BOGOTA, COLOMBIA SA,
TITLE	D
NAME	LEON DUARTE, BRAULIO
STREET ADDRESS	CARRERA 32 NO. 91-18
CITY-ST-ZIP	BOGOTA, COLOMBIA SA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, without other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2006      305 695-1232  
Date                      Daytime Phone #