


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 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



03092007    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

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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**  
**After May 1, 2007 Fee will be \$550.00**

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

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	

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 115/10/07-80078-003 150.00

**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: \_\_\_\_\_ Date: 4-18-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #