

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90066 001 ***150.00

02-16-2004 90066 002 *****8.75

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1. Entity Name
**REAL MERCHANTIL TRADING E COBRANCE DO BRASIL
(RMTC DO BRASIL) INC**



Principal Place of Business
**2047 S W MAYFLOWER DRIVE
PALM CITY, FL 34990**

Mailing Address
**PO BOX 292
PALM CITY, FL 34991**

DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0423921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROMLEY, MARK A
2047 S W MAYFLOWER DRIVE
PALM CITY, FL 34990**

**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

Mark A Cromley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/09/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROMLEY, MARK A
STREET ADDRESS	PO BOX 292
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	VP
NAME	BABCOCK, CEILA
STREET ADDRESS	PO BOX 292
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	SECRETARY
NAME	DIANE MOHOVETS
STREET ADDRESS	2047 S.W. MAYFLOWER DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990
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 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:

Mark A Cromley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/09/04