

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 019 ***150.00

DOCUMENT # P02000095182

1. Entity Name
RM AUTOMOTIVE, INC.



Principal Place of Business
11320 SW 184 STREET
MIAMI, FL 33157

Mailing Address
11320 SW 184 STREET
MIAMI, FL 33157



04172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2180929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORERA, RAFAEL
11630 SW 168 STREET
MIAMI, FL 33157

**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 no change

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

(NOTE: Registered Agent signature required when reinstating)

APR 18 2004

DATE

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	D
NAME	MORERA, RAFAEL
STREET ADDRESS	11630 SW 168 STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	MORERA, ROBERTO M
STREET ADDRESS	11630 S.W. 168 STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	MORERA, RAFAEL M JR
STREET ADDRESS	13454 SW 136 TR
CITY-ST-ZIP	MIAMI FL 33186
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:

Rafael M. Morera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 18 2004

Date

305-255-3171

Daytime Phone #