

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 033 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000110122

1. Entity
 REMMOS INTERNATIONAL CORPORATION



Principal Place of Business
 901 PONCE DE LEON BLVD., SUITE 603
 CORAL GABLES, FL 33134

Mailing Address
 901 PONCE DE LEON BLVD., SUITE 603
 CORAL GABLES, FL 33134

40091111



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 74-3066148

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALDORNOZ, WILLIAM H ESQ.
 901 PONCE DE LEON BLVD., SUITE 603
 CORAL GABLES, FL 33134

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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

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

(NOTE: Registered Agent's signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SPEISSEGGGER, GUSTAVO S
 901 PONCE DE LEON BLVD., SUITE 603
 CORAL GABLES, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 agreement, with all other like empowered.

SIGNATURE:

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Corporate Phone #

GUSTAVO S. Speissegger

4/19/06 (305) 444-1741