04/23/2006 15:52 9543459903 RICHARD L

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90198 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115270

1. Entity Name
RPMW HOLDINGS, INC.

40067039

Principal Place of Business
9511 WELDON CIRCLE APT. 316
TAMARAC, FL 33321

Mailing Address
9511 WELDON CIRCLE APT. 316
TAMARAC, FL 33321

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 700 S. Pine Island Rd
Suite, Apt. #, etc.:
City & State: Plantation, Fl.
Zip: 33324 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 30-0140264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.76 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLPIN, RANDY
9511 WELDON CIRCLE, APT #316
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ________ 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOLPIN, RANDY 9511 WELLDON CIRCLE #316 TAMARA, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE: ________ 4/25/06 954-423-4087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #