

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2007 08:00 AM
Secretary of State**DOCUMENT # P02000115270**1. Entity Name
RPMW HOLDINGS, INC.

Principal Place of Business

790 S PINE ISLAND RD
FORT LAUDERDALE, FL 33324

Mailing Address

9511 WELDON CIRCLE APT. 316
TAMARAC, FL 33321

04242007 No Chg-P CR2E034 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0140264

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

WOLPIN, RANDY

9511 WELDON CIRCLE #316

TAMARAC FL 33321

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000737356
05/11/07-80025-001 150.00**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, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Wolpin

4/27/07

954-423-4087

ONS

Direct Phone #