▶2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 26, 2004 08:00 AM Secretary of State **DOCUMENT # P02000120279** RM WORKS INCORPORATED Principal Place of Business Mailing Address 3001 NORTH OCEAN DRIVE 3001 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 07162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1030854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUSHNIR, ISRAEL DO NOT WRITE 3001 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 IN THIS SPACE 3. 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 colligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) UODOODIERI⁷⁷4 07/26/04-80003-005 550.00 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KUSHNER, ISRAEL 3001 N OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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

SIGNATURE:

NAME STREET ADDRESS CSTY-ST-ZIP

FILED