2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000032982

1. Entity Name
RM REALTY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
345 LINCOLN ROAD	345 LINCOLN ROAD
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

03072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
26-0068007	Not Applicable

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

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D
RITTER, RITTER & ZARETSKY, LLP
555 N.E. 15TH STREET, #100
MIAMI, FL 33132

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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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUALEM, RONI
STREET ADDRESS	345 LINCOLN ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

04/07/05-80063-025 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #