2004 PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90014 015 ***150.00

DOCUMENT # P03000059453

1. Entity Name
RIN-MAR INTERNATIONAL, INC
DBA EVOLUTION TOO

44020286

2. Principal Place of Business	3. Mailing Address
1455 NW 107 Ave # 602	3056 NW 5th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI-FL	City & State: MIAMI-FL
Zip: 33172 Country:	Zip: 33125-4208 Country: MIAMI-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 90-0086419 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: ENNIO A. MARQUEZ

Street Address (P.O. Box Number is Not Acceptable)

3056 NW 5th St

City: MIAMI-FL 33125-4208 Zip Code: 33125-4208

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: X [signature] 03/15/04
Signature required for name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Fee 150.00
Attached clk # 1043

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

10. OFFICERS AND DIRECTORS

TITLE P D		TITLE	
NAME	ENNIO MARQUEZ	NAME	
STREET ADDRESS	5719 NW 114 CT # 104	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	
TITLE VP D		TITLE	
NAME	GUSTAVO BUSTO	NAME	
STREET ADDRESS	201 Alhambra Circle Suite 711	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE VP D		TITLE	
NAME	JOYCE ORTEGA MARQUEZ	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all the fire empowered.

X [signature] 03/15/04