

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90291 039 ***150.00

DOCUMENT # P03000086225
1. Entity Name
RAWM TRADING COMPANY, INC.



Principal Place of Business: 1302 W SLIGH AVE, SUITE B, TAMPA, FL 33604
Mailing Address: 1302 W SLIGH AVE, SUITE B, TAMPA, FL 33604

50050762



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3600309 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JIMENEZ, JAMES A
1302 W SLIGH AVE
SUITE B
TAMPA, FL 33604

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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: _____ (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	DP
NAME	NORIEGA, ARTHUR IV
STREET ADDRESS	8637 CHADWICK DR
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	DS
NAME	JACKSON, TED
STREET ADDRESS	4924 N UMBER WAY
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	DT
NAME	JIMENEZ, JAMES A
STREET ADDRESS	9314 N VALLE DR
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	ACEBO, ABELARDO L
STREET ADDRESS	19808 SUNSPASH LANE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	GREENFELDER, GLEN E
STREET ADDRESS	36601 ST JOE RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] 4/29/05 813.933.2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #