2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# P03000101232

Entity Name: R. M. O. OF USA, INC

Current Principal Place of Business:

5248 NE 6 AVE.
32-C
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVE.
STE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

9900 STIRLING RD
STE 211
COOPER CITY, FL 33024

FEI Number: 20-0230570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAMBRANO, LEIDY
5248 NE 6 AVE.
32-C
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

GS PROFESSIONAL SOLUTIONS INC
9900 STIRLING RD
211
COOPER CITY, FL 33024 US

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.

SIGNATURE: FERNANDO SILVA 03/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZAMBRANO, LEIDY
Address: 5248 NE 6 AVE. SUITE 32-C
City-St-Zip: OAKLAND PARK, FL 33334

Title: SD ( ) Delete
Name: ZAMBRANO, LEIDY
Address: 5248 NE 6 AVE. SUITE 32-C
City-St-Zip: OAKLAND PARK, FL 33334

Title: TD ( ) Delete
Name: ZAMBRANO, LEIDY
Address: 5248 NE 6 AVE. SUITE 32-C
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIDY ZAMBRANO PD 03/15/2005
Electronic Signature of Signing Officer or Director Date