## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 17, 2006 08:00 AM Secretary of State DOCUMENT # P04000017255 1. Entity Name R&M ENTERPRISES AMERICA, INC. Principal Place of Business Mailing Address 101 SW 57TH ST. 101 SW 57TH ST. CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 US No Chg-P CR2E034 (11/05) 04112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0636304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSSI, HENRY L DO NOT WRITE 101 SW 57TH ST. CAPE CORAL, FL 33914 IN THIS SPACE 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 it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME ROSSI, HENRY L U00000564986 05/20/06-80101-007 150.00 STREET ADDRESS 101 SW 57TH ST. CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE MORRIS, SARAH J NAME STREET ADDRESS 101 SW 57TH ST. CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

NAME STREET ADDRESS CITY-ST-ZIP

41/15/2006 239-823-8560

**FILED**