


Apr. 27. 2005 4:36PM JAMES ACCOUNTING

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90989 008 ***150.00

DOCUMENT # P04000029667			
1. Entry Name RORIMA INVESTMENT & MANAGEMENT, INC.			
Principal Place of Business 1348 WASHINGTON AVE, STE 109 MIAMI BEACH, FL 33139		Mailing Address 1348 WASHINGTON AVE, STE 109 MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARROWAY, VERNON BELLE 1348 WASHINGTON AVE, STE 109 MIAMI BEACH, FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
B. 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 _____ DATE _____			
Signature, typed or printed name of registered agent, and the filer (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$180.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GARROWAY, VERNON BELLE 1348 WASHINGTON AVE, STE 109 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARROWAY, JANICE 29 CHAMPION ST, DERBY DE223EN DERBYSHIRE, ENGLAND.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FONTANA, LONA 151 NE 131 ST N MIAMI, FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 president of a 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 the empowered.			
SIGNATURE _____		4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	