## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 11, 2008 8:00 am Secretary of State 02-11-2008 90051 042 \*\*\*150.00

1. Entity Nam	MENT # P04000053 RMA, INC.			02-11-2008	90031 042 ***1	.30.00	
Principal Place of Business		Mailing Address	Mailing Address				
2121 S.W. 22ND PLACE OCALA, FL 34474		2121 S.W. 22ND PLACE OCALA, FL 34474					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062008	Chg-P	CR2E034 (12/06	) -
City & State		City & State		4. FEI Numbe 26-0085		\ <del> </del>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	☐ \$8.75 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	legistered Agent	
BLANCHARD, DOCK A				Street Address (P.O. Box Number is Not Acceptable)			
4 S.E. BRO OCALA,, F			Street Address		r is Not Acceptable	<del></del>	
			City			FL Zip Co	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its r	registered office or regis	stered agent, or both	n, in the State of Flo	orida. I am familiar with	n, and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title it applicable. {NOTE:	Registered Agent signature requ	uired when reinstating)		DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be Added to Fees			-
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE NAME	P JACOME, ALFREDO	☐ Delete	TITLE NAMÉ			Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP	ESS 2121 S.W. 22ND PLACE SI		STREET ADDRESS CITY-ST-ZIP				
TITLE	OOABA,TE 04474	☐ Delete	TITLE	<del></del>		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADORESS				9
CITY-SI-ZIP			CITY-ST-ZIP		<del> </del>		
TITLE NAME		☐ Delete	TITLE NAME			· Change	Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS				
_HILE		☐ Delete	CITY-ST-ZIP			Change	Addition
NAME			NAME		•		
STREET ADDRESS CITY-\$1-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Detete	TALE			Change	Addition
NAME STREET ADDRESS	<b>\</b>		NAME STREET ADDRESS				
CITY-SI-ZIP		/	CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 impowered 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description Phone 6							
	SIGNATURE AND TYPED OF	PHINGED NAME OF BIGNING OFFICER (	ON DIRECTOR		Date	Daytme Phone #	,