

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-09-2005 90288 038 ***150.00

DOCUMENT # P04000054508 1. Entity Name RAWM INTERNATIONAL, INC.					
Principal Place of Business 1302 W. SLIGH AVENUE SUITE B TAMPA, FL 33604			Mailing Address 1302 W. SLIGH AVENUE SUITE B TAMPA, FL 33604		
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	
JIMENEZ, JAMES A 1302 W. SLIGH AVENUE SUITE B TAMPA, FL 33604				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORIEGA, ARTHUR IV 8637 CHADWICK DRIVE TAMPA, FL 33635 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, TED 4924 NORTH UMBER WAY TAMPA, FL 33624 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIMENEZ, JAMES A 1302 W. SLIGH AVE. TAMPA, FL 33604 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEBO, ABELARDO L 19808 SUNSPASH LANE LUTZ, FL 33549 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFELDER, GLEN E 36601 ST. JOE ROAD DADE CITY, FL 33525 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			4/29/05 813.983.2336		
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66021555



04202005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3600309** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code