# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P04000054508

1. Entity Name
RAWM INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1302 W. SLIGH AVENUE<br>SUITE B<br>TAMPA, FL 33604 | 1302 W. SLIGH AVENUE<br>SUITE B<br>TAMPA, FL 33604 |

**DO NOT WRITE IN THIS SPACE**

03312006 No Chg-P CR2E034 (11/05)

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

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

6. Name and Address of Current Registered Agent

JIMENEZ, JAMES A
1302 W. SLIGH AVENUE
SUITE B
TAMPA, FL 33604

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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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable.* (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | NORIEGA, ARTHUR IV |
| STREET ADDRESS | 8637 CHADWICK DRIVE |
| CITY-ST-ZIP | TAMPA, FL 33635 |
| TITLE | SD |
| NAME | JACKSON, TED |
| STREET ADDRESS | 4924 NORTH UMBER WAY |
| CITY-ST-ZIP | TAMPA, FL 33624 |
| TITLE | TD |
| NAME | JIMENEZ, JAMES A |
| STREET ADDRESS | 1302 W. SLIGH AVE. |
| CITY-ST-ZIP | TAMPA, FL 33604 |
| TITLE | D |
| NAME | ACEBO, ABELARDO L |
| STREET ADDRESS | 19808 SUNSPLASH LANE |
| CITY-ST-ZIP | LUTZ, FL 33549 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** James A. Jimenez 4/1/06 933-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #