

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2008 08:00 AM
Secretary of State

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



04242008 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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

TITLE	PD
NAME	NORIEGA, ARTHUR IV
STREET ADDRESS	8637 CHADWICK DRIVE
CITY-ST-ZIP	TAMPA, FL 33635
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 SUNSPASH LANE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/08-80125-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/29/08

Date

Daytime Phone #