

FOR PROFIT CORPORATION

For Office Use Only

2008 + 2009 ANNUAL REPORT REINSTATEMENT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000075755

1. Entity Name

RFTM INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -9 AM 9:04**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

7702 SW 4 PL

3. Mailing Address

7702 SW 4 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (5/07)

T. Roberts

FEB 03 2009

City & State

North lauderdale, FL

City & State

North lauderdale, FL

4. FEI Number

56-2469333

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maria Fernanda Toledo

Street Address (P.O. Box Number is Not Acceptable)

7702 SW 4 PL

City

North lauderdale

FL

Zip Code 33068

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

Maria Fernanda Toledo

Maria Fernanda Toledo

1/28/09

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ROHULO F. TOLEDO
STREET ADDRESS	7702 SW 4 PL
CITY - ST - ZIP	North lauderdale FL 33068
TITLE	VICE PRESIDENT
NAME	Maria Fernanda Toledo
STREET ADDRESS	7702 SW 4 PL
CITY - ST - ZIP	North lauderdale FL 33068
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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02/02/09--01015--020 **300.00**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Fernanda Toledo

VP

1/28/09

4079689577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #