2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159359

Entity Name: MBRM RIME, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
100 VILLA BIRMINGI	AGE ST. HAM, AL 3524	2			
Current N	Mailing Addres	ss:	New Mailing Address	::	
100 VILLA BIRMINGI	AGE ST. HAM, AL 3524	2			
FEI Numbe	r: 20-1920008	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	f New Registered Agent:	
221 MCK	S, ELIZABETH ENZIE AVE. CITY, FL 3240				
	e named entity	submits this statement for the	purpose of changing its registered	1 - ee :	
in the Stat	te of Florida.	Submits this statement for the	purpose of changing its registered	onice or registered agent, or both,	
in the Stat SIGNATU	te of Florida. Î				
	te of Florida. Î	nic Signature of Registered Ag		Date	
SIGNATU	te of Florida. IRE: Electroi				
SIGNATU	te of Florida. IRE: Electroi	nic Signature of Registered Ag	gent		
SIGNATU	te of Florida. IRE: Electron Impaign Financin IS AND DIREC	nic Signature of Registered Ages Trust Fund Contribution (). CTORS:) Delete .EN M ST.	ent ADDITIONS/CHANGE	Date	
SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. IRE: Electron Impaign Financin IS AND DIRECT D (MEISLER, ALL 100 VILLAGE S BIRMINGHAM,	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete LEN M ST. AL 35242) Delete LD W ST.	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. HALLMAN VP 02/05/2009