

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90232 049 ***150.00

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DOCUMENT # P04000171048 1. Entity Name RIMA MARKET II CORP.																	
Principal Place of Business 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030			Mailing Address 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030 <i>c/o Lopez Accounting</i>														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address <i>1800 W. 49 St</i> Suite, Apt. #, etc. <i>201</i> City & State <i>Hialeah, FL</i> Zip <i>33012</i> Country <i>USA</i>		4. FEI Number <i>20-2036616</i> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ALBARGHOUTH, HASSAN 350 EAST 14TH ST HIALEAH, FL 33010															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> PD <input type="checkbox"/> Delete MUSTAFA, YOUSEF 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> VSD <input type="checkbox"/> Delete AHAM, ABDEL R 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete MUSTAFA, YOUSEF 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete AHAM, ABDEL R 1582 & 1584 NE 8TH ST. HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: <i>Yousef Mustafa</i> Yousef Mustafa, Pres. <i>4/30/06</i> <i>(305) 246-8644</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	