2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P06000025038 04-28-2008 90396 035 ***150.00 RM INVESTMENTS OF SW FLORIDA, INC. Principal Place of Business Mailing Address 2321 NE 211 STREET 2321 NE 211 STREET NORTH MIAMI BEACH, FL 33982 NORTH MIAMI BEACH, FL 33982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2321 NE 211 STREET 2321 NE 211 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State NORTH MIAMI BEACH, FL NORTH MIMIBEACH, FL 04-3841597 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SWAN, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 709 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914 City Zip Code ms 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 LAWRENCE SMAN 4-28-08 SIGNATURE CONTRACTOR (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Detete TITI F Change TITLE RUIZ GILBERTO 2321 NE ZII STREET RUIZ, GILBERTO NAME STREET ADDRESS STREET ADDRESS 2321 NE 211 STREET NORTH MISMI BEACK FL 33180 NORTH MIAMI BEACH, FL 33982 CITY-ST-ZIP CITY-ST-ZIP SVTO SVTD ■ Addition Delete TITLE MESA, MAURICIO MESA, MAURICIO NAME NAME S351 WE SII TLUEEL 13306 SW 58TH COURT STREET ADDRESS STREET ADDRESS FL 33180 CITY-ST-ZP CRY-ST-ZP MIAMI, FL 33156 MYMI BEACH, Delete TITLE ☐ Change Addition | TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete nne ☐ Change Addition រាជន NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attact ment with an address, with all other like empowered.

GILBERTO RUIZ

SIGNATURE:

FILED

Daytime Phone #