


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # FD06000046114	
1. Entity Name Rima Florida Group, Inc	

FILED
07 JUN -7 AM 7:40
TALLAHASSEE, FLORIDA

Principal Place of Business 2501 W. 6th Lane Hialeah FL 33010-1247	Mailing Address
--	-----------------


2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2501 W. 6th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 1	City & State Hialeah FL 33010-1247
Zip	Country

04282007 Chg-P CR2E034 (12/06)

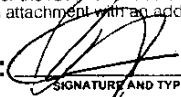
6. Name and Address of Current Registered Agent Chris Mancino 1535 SR 207 305 At Augustine, FL 32086	
--	--

4. FEI Number 20-4599348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 	DATE

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President/Director Magaly Vangelier 2501 W. 6th Lane Hialeah, FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000104254780 06/12/07--01008--019 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 06/01/07 954-962-8696

6/1/2007

Division of Corporations
PO Box 1500
Tallahassee ,FL 32302-1500

Subject
UBR 2007
D# P06000046114
Rima Florida Group Inc

Enclosed is Ck # 1187 dated 05/25/07 in order to
paid for the 2007 Annual Report ..We are also enclosing
an executed 2007 UBR Form

**This Form was not filed on because the Officer never received
in the mail the blank form**

Please take care of this matter. Any question please call

Rafael J Rodriguez
Accountant