

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135778

Entity Name: REIMS MANAGEMENT INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

425 W. 41 STREET
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6481
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-5772369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAN CORREA GUARCH & SHAPIRO, P.A.
255 UNIVERSITY DR.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: NEVAREZ, ALICIA E.
Address: 4601 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

Title: DP () Delete
Name: NEVAREZ, RICARDO A.
Address: P.O. BOX 5916
City-St-Zip: SURFSIDE, FL 33154

Title: S () Delete
Name: NEVAREZ, ALICIA E.
Address: 4601 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: NEVAREZ, ALICIA E.
Address: 845 UNITED NATIONAL PLAZA
City-St-Zip: NEW YORK, NY 10017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NEVAREZ, ALICIA E.
Address: 845 UNITED NATIONAL PLAZA
City-St-Zip: NEW YORK, NY 10017

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: CHARLOTTE ALEMAN

ACCT

04/21/2009

Electronic Signature of Signing Officer or Director

Date