



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 Jul 03, 2008 8:00 am
 Secretary of State

04-28-2008 90390 029 ***150.00

DOCUMENT # P07000069929					
1. Entity Name RHTM, INC.					
Principal Place of Business 441 S. FT. LAUDERDALE BEACH BLVD. FORT LAUDERDALE, FL 33316			Mailing Address 441 S. FT. LAUDERDALE BEACH BLVD. FORT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # 815 N Ft Lauderdale Beach Blvd		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Lauderdale FL		City & State			
Zip 33324	Country USA	Zip	Country	4. FEI Number 260369976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent HAMBURGER, ROTEM 441 S. FT. LAUDERDALE BEACH BLVD. FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				FL	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 _____ <small>Signature, typed or printed name of registered agent and size 4 applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMBURGER, ROTEM 441 S. FT. LAUDERDALE BEACH BLVD. FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: 		04/25/08 (9526008452)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			