



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90002 012 ***150.00

DOCUMENT # P95000036473					
1. Entity Name RIMAX, INC.					
Principal Place of Business 1041 E. 8TH AVE. HIALEAH, FL 33010			Mailing Address 1041 E. 8TH AVE. HIALEAH, FL 33010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0591651	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRAN, DAN V 1041 E. 8TH AVE. HIALEAH, FL 33010			Name		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAN, DAN V		NAME		
STREET ADDRESS	1041 E. 8TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 attachment with an address, with all other like empowered.					
SIGNATURE: 			5/28/06 (305)9403520		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 40095089
Division of Corporations



Annual Report

Annual Report Help

Document Number
P95000036473
Business Entity Name
RIMAX, INC.

FEI Number 650591651
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 1041 E. 8TH AVE.
Suite, Apt. #, etc.
City, State HIALEAH FL
Zip Code & Country 33010

Mailing Address

Address 1041 E. 8TH AVE.
Suite, Apt. #, etc.
City, State HIALEAH FL
Zip Code & Country 33010

Name and Address of Registered Agent

Name (Last, First, Middle, Title) TRAN DAN V

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1041 E. 8TH AVE.

Suite, Apt. #, etc.

City, State HIALEAH FL

Zip Code & Country 33010 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

[Handwritten Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title [D]
Name (Last, First, Middle, Title) [TRAN, DAN, V]

- OR -

Entity Name to serve as Officer/Director []

Street Address [1041 E. 8TH AVE.]

City, State [HIALEAH, FL]

Zip Code & Country [33010]

Title []
Name (Last, First, Middle, Title) []

- OR -

Entity Name to serve as Officer/Director []

Street Address []

City, State []

Zip Code & Country []

Title []
Name (Last, First, Middle, Title) []

- OR -

Entity Name to serve as Officer/Director []

Street Address []

City, State []

Zip Code & Country []

Title []

ATTACHMENT 40095089
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Name (Last, First, Middle, Title)

[Redacted Name Fields]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name]

Street Address

[Redacted Street Address]

City, State

[Redacted City, State]

Zip Code & Country

[Redacted Zip Code & Country]

Title

[Redacted Title]

Name (Last, First, Middle, Title)

[Redacted Name Fields]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name]

Street Address

[Redacted Street Address]

City, State

[Redacted City, State]

Zip Code & Country

[Redacted Zip Code & Country]

Title

[Redacted Title]

Name (Last, First, Middle, Title)

[Redacted Name Fields]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name]

Street Address

[Redacted Street Address]

City, State

[Redacted City, State]

Zip Code & Country

[Redacted Zip Code & Country]

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES.

Officer/Director Signature

[Handwritten Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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