

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P95000049428 | |
| 1. Entity Name RMB CENTER, INC. | |
| Principal Place of Business 87 NE 44 ST SUITE 5 FT LAUDERDALE, FL 33334 | Mailing Address 87 NE 44 ST SUITE 5 FT LAUDERDALE, FL 33334 |



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0596606 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BONIELLO, ROSE MARIE 87 NE 44TH ST., SUITE 5 FT LAUDERDALE, FL 33334 |
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IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BONIELLO, JOHN 87 NE 44 ST FT LAUDERDALE, FL 33334 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BONIELLO, ROSE MARIE 87 NE 44 ST FT LAUDERDALE, FL 33334 |
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04/03/07-80032-013 158.75

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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 Rose Marie Boniello ST ROSE MARIE Boniello 3/30/07 954-771-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #