

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90222 050 \*\*\*150.00

<b>DOCUMENT # P95000078035</b> 1. Entity Name <b>RSM MANAGEMENT, INC.</b>			
Principal Place of Business <b>201 S BISCAYNE BLVD 17TH FLOOR MIAMI, FL 33131</b>		Mailing Address <b>201 S BISCAYNE BLVD 17TH FLOOR MIAMI, FL 33131</b>	
2. Principal Place of Business <b>60 Edgewater Dr Suite 16D Coral Gables, FL 33133</b>		3. Mailing Address <b>60 Edgewater Dr. Suite 16D Coral Gables, FL 33133</b>	
4. FEI Number <b>65-0668006</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04162004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> <b>SANCHEZ-MEDINA, JR., ROLANDO 201 S. BISCAYNE BLVD., 8TH FLOOR MIAMI, FL 33131</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Sánchez-Medina Jr., Rolando</b> Street Address (P.O. Box Number is Not Acceptable) <b>60 Edgewater Dr. Suite 16D</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33133</b>	
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 <b>Rolando Sanchez Medina Jr.</b> DATE <b>04/16/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD SANCHEZ-MEDINA, MD, ROLANDO 351 NW LEJEUNE RD., STE 205 MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD Sánchez-Medina, MD, Rolando 60 Edgewater Dr. Suite 16D Coral Gables, FL 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST SANCHEZ-MEDINA, JR., ROLAND 201 S. BISCAYNE BLVD. #1700 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST Sánchez-Medina Jr., Rolando 60 Edgewater Dr. Suite 16D Coral Gables, FL 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: <b>Rolando Sanchez Medina Jr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/16/2004</b> Daytime Phone # <b>(305) 262-2323</b>	