2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000021918

1. Entity Name RIMAR ENTERPRISES, INC.



FILED Apr 26, 2006 08:00 AM Secretary of State

Principal Place of Business

1150 NW 72 AVE. AIRPORT EXEC. TOWER 1 MIAMI, FL 33126 Mailing Address

1150 NW 72 AVE. AIRPORT EXEC. TOWER 1 MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

4. FEt Number Applied For

59-3370979

Not Applicac

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z 7270 N.W. 12TH STREET PENTHOUSE I MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	turpose of changing its registered of	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE				
Signature, typed or printed mame of registered agent and title if applicable. (NOTE: Registered Agent			ent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000535286 US/U8/06-80046-024 150.00
10.	OFFICERS AND DIRECT	TORS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P CAPO, ALEJANDRO 5025 COLLINS AVE #1902 MIAMI BEACH, FL 33140			
DILE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPO, CARMEN 5025 COLLINS AVE #1010 MIAMI BEACH, FL 33140	2 7 1	. 	
NAME STREET ADDRESS CITY-ST-ZIP	S GRIMBERG, SEAN 5025 COLLINS AVE MIAMI BEACH, FL 33140	<i>::</i>	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			 	
ritle Name Street address City-St-Zip				
12 I hereby o	ertify that the information cumulad with this Es	tradices not qualify for the avenue	tions contained to Charles 11	O. Florida State too I feether with the table in face the

12. I refer to contain that the information supplied with the information indicated on this report or supplemental report strue 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 of the receiver or trustee empowered to execute this report as required by Chapter 507, 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:

SIGNATURE AND YPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

4/24/2006

301-513-0501

Daytime Phone #