

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000021918

1. Entity Name
RIMAR ENTERPRISES, INC.



FILED
Apr 20, 2007 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



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3370979

Applied For
Not Applicable

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 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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAPO, ALEJANDRO
STREET ADDRESS	5025 COLLINS AVE #1902
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VP
NAME	CAPO, CARMEN
STREET ADDRESS	5025 COLLINS AVE #1010
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	GRIMBERG, SEAN
STREET ADDRESS	5025 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000720164
05/01/07-80093-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #