


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90222 034 ***150.00

DOCUMENT # P96000045327

1. Entity Name
RESEARCH & CASE MANAGEMENT, INC.



Principal Place of Business Mailing Address
3431 SW 107 AVE **3431 SW 107 AVE**
MIAMI, FL 33165-3632 **MIAMI, FL 33165-3632**

60042866



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
12002 SW 128 CT **12002 SW 128 CT**

Suite, Apt. #, etc. Suite, Apt. #, etc.
104 **104**

04022007 Chg-P CR2E034 (12/06)

City & State City & State
MIAMI, FLORIDA **MIAMI FLORIDA**

Zip Country Zip Country
33186 **MIAMI DADE** **33186** **MIAMI DADE**

4. FEI Number Applied For
65-0671804 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POMARES, RAFAEL
3431 SW 107 AVE
MIAMI, FL 33165-3632

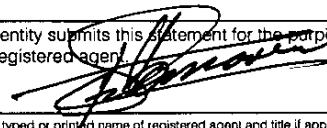
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
12002 SW 128 CT

City State Zip Code
MIAMI **FL** **33186**

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: **4/25/07**

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

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	D	<input type="checkbox"/> Delete
NAME	POMARES, RAFAEL	
STREET ADDRESS	3431 SW 107 AVE	
CITY-ST-ZIP	MIAMI, FL 331653632	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12002 SW 128 CT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  DATE: **4/25/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR