

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000036421**

1. Entity Name  
RLMC ASSOCIATES INC.



Principal Place of Business  
1211 NORTH STATE ROAD, #7  
HOLLYWOOD, FL 33021

Mailing Address  
1027 ADAMS STREET  
HOLLYWOOD, FL 33019

**DO NOT WRITE IN THIS SPACE**



09072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0751937

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEON, CAROLINE ESQ.  
1027 ADAMS STREET  
HOLLYWOOD, FL 33019

**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's signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	LEON, RAMON
STREET ADDRESS	1027 ADAMS STREET
CITY, ST, ZIP	HOLLYWOOD, FL 33019
TITLE	DTS
NAME	CHRIST, MARK
STREET ADDRESS	9205 S. SOUTHLAKE DR.
CITY, ST, ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1100000378247  
09/13/05-80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

9/6/05 9549256823