PROFIT CORPORATION ANNUAL REPORT



FLORIDA DERARTMENT OF STATE

Katherine Harris

-Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000042548**1. Corporation Name

Country

9. Name and Address of Current Registered Agent

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Cynthia m Kadoura

4935 POINTE CIR OLDSMAR FL 34677

RIMA FINANCIAL CORPORATION

Principal Place of Business	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

4935 POINTE CIRCLE OLDSMAR FL 34677 4935 POINTE CIRCLE OLDSMAR FL 34677

2a. Mailing Address

City & State

Zip

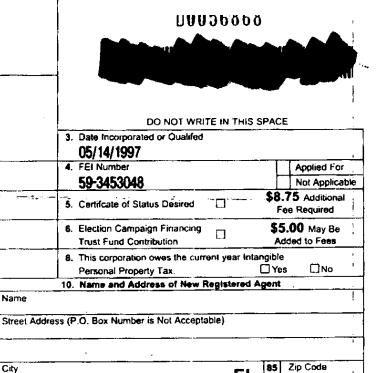
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Suite: Apt. #. etc.-

FILED May 22, 2001 8:00 am Secretary of State

05-22-2001 90642 045 ***150.00



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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84 City

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SIGNATURE	Signature, typed or uninted name of registered agent and title if applicable. (N	OTE: Registered Agent signature require	ed when reinstaling1 DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12 ;
TITLE	PSTD DELETE	1 I TITLE	Change	Addition
NAME	KADOURA, CYNTHIA M	12 NAME		•
STREET ADDRESS	AGE COURTE OFFICE	1.3 STREET ADDRESS		
ÇITY-ST-Z¥P	OLDSMAR FL 34677	1.4 CITY-ST-ZIP		<u> </u>
TITLE	DELETE	2.1 TITLE	☐ Change	Addition
NAME '	The second secon	22 NAME	للماريس المواجع الميسانية والأراز والولم ميسيها يرعورها الميسانية	- ;
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	31 TITLE		Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change	Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>	4.4 CITY-ST-ZIP		<u>i</u>
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		į
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	. □ DELETI	6 1 TITLE	Change	Addition
NAME		. 6.2 NAME		•
STREET ADDRESS	;	63 STREET ADDRESS	·	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		!

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Flonda Statutes. I further certify that the informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Conthia

Lakerra

5/1/0

(727) 561 97001