

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90059 011 \*\*\*150.00

<b>DOCUMENT # P98000085401</b> 1. Entity Name <b>RMO ENTERPRISES, INC.</b>			
Principal Place of Business <b>6700 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487 US</b>		Mailing Address <b>6700 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2499 Glades Rd</b>		3. Mailing Address <b>2499 Glades Rd.</b>	
Suite, Apt. #, etc. <b>#210</b>		Suite, Apt. #, etc. <b>#210</b>	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33431</b>		Zip <b>33431</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0875303</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CANTOR, SAMUEL J ESQ. 6700 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2499 Glades Rd</b> <b>#210</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>OCAMPO, RAUL JR</b> STREET ADDRESS <b>817 SOUTH UNIVERSITY DRIVE SUITE 109</b> CITY-ST-ZIP <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b> NAME <b>417 S.W. California Ave</b> STREET ADDRESS <b>Stuart, FL 34994</b> CITY-ST-ZIP <b>34994</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		Date <b>4/1/08</b> Daytime Phone # <b>772/2869004</b>	