2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90011 011 ***150.00

DOCUMENT # P98000108214

1. Entity Name
RIMA ENTERPRISES (USA), INC.

54017540

Principal Place of Business	Mailing Address
2022 SE 21ST LANE CAPE CORAL, FL 33990	2022 SE 21ST LANE CAPE CORAL, FL 33990

03102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4122 SE 1ST Place	4122 SE 1ST Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL.	City & State: Cape Coral, FL.
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number: 65-0886203 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAIER, WILFRIED
2022 SE 21ST LANE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name: Maier, Wilfried
Street Address (P.O. Box Number is Not Acceptable): 4122 SE 1 ST Place
Cape Coral, FL. 33904
City: FL Zip Code

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST MAIER, WILFRIED 2022 SE 21ST LANE CAPE CORAL, FL 33990	☒ Delete	PVST Maier, Wilfried 4122 SE 1 ST Place Cape Coral, FL. 33904	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAIER, WILFRIED 2022 SE 21ST LANE CAPE CORAL, FL 33990	☒ Delete	D Maier, Wilfried 4122 SE 1 ST Place Cape Coral, FL. 33904	☒ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. Maier, Pres. 03/10/04 239-297-2267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #