## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000069108

City-St-Zip:

CLEARWATER, FL 33764

FILED Mar 24, 2004 Secretary of State

Entity Nan	ne: RJRM, ING	O.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4450 EST BAY DRIVE CLEARWATER, FL 33764				3025 EAST COLONIAL DR ORLANDO, FL 32803 US			
Current Mailing Address:			New Mailing Address:				
5533 S OB ORLANDO							
FEI Number:	59-3590870	FEI Number Applied For()	FEI Number Not App	icable()	Certificate of Status Desi	red ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	UBENS P BAY DRIVE TER, FL 3376	4 US	5533 S. OE	TADDEI, RUBENS P 5533 S. OBT ORLANDO, FL 32839 US			
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agen	t, or both,	
SIGNATUR	RE:			03/24/2004			
Election Cam		c Signature of Registered Age  Trust Fund Contribution ( ).	nt		Date		
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () TADDEI, RUBEN 10 N SUMMERL ORLANDO, FL	IN AVE UNIT 56	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VPD () LIMA, JORGE 4450 EAST BAY CLEARWATER,		Title: Name: Address: City-St-Zip:	VPD (X LIMA, JORGE 8138 VIA BEL ORLANDO, FL	LA NOTTE		
Title: Name: Address: City-St-Zip:	TD () TADDEI, MARCE 6451 PINEWOO ORLANDO, FL	D DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address:	SD () LIMA, ROSANA 4450 EAST BAY	Delete DR	Title: Name: Address:	SD (X PARRA, ROSA 8138 VIA BEL			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ORLANDO, FL 32836

SIGNATURE: MARCELO TADDEI TD 03/24/2004