
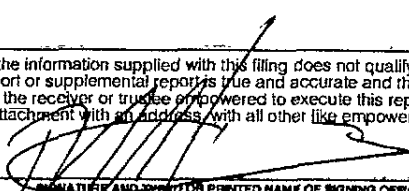


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000105900 1. Entity Name RM MOTORS, INC.		
Principal Place of Business 550 N ANDREWS AVENUE FT LAUDERDALE, FL 33301		Mailing Address 550 N ANDREWS AVENUE FT LAUDERDALE, FL 33301
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SINGER, BERNARD A 3107 STIRLING ROAD, SUITE 105 FT LAUDERDALE, FL 33312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HINK, ROBERT J 550 N ANDREWS AVENUE FT LAUDERDALE, FL 33301	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/10/05 954-761-9081 Date Daytime Phone #



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0972411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/11/05-80033-004 158.75

**DO NOT WRITE
IN THIS SPACE**