

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90281 047 ***150.00

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DOCUMENT # V00044 1. Entity Name RM HOLDINGS, INC.			
Principal Place of Business 340 GIRALDA AVE #505 CORAL GABLES, FL 33134 US		Mailing Address 340 GIRALDA AVE #515 CORAL GABLES, FL 33134 US	
2. Principal Place of Business 4004 Anderson Rd Suite, Apt. #, etc.		3. Mailing Address 4004 Anderson Rd. Suite, Apt. #, etc.	
City & State Coral Gables, FL Zip 33146 Country USA		City & State Coral Gables, FL Zip 33146 Country USA	
4. FEI Number 65-0300259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREIRA, ROBERT 340 GIRALDA AVENUE 515 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Moreira Robert Street Address (P.O. Box Number is Not Acceptable) 4004 Anderson Rd. City Coral Gables FL Zip Code 33146	
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: DATE: 3-2-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREIRA, ROBERT, JR. 5890 SW 85 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Moreira, Robert Jr. 4004 Anderson Rd. Coral Gables, FL 33146 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DATE: 3-2-05 3059626115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			