

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # V73020 1. Entity Name RYMCA CORPORATION	
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Principal Place of Business 248 NW LEJEUNE RD MIAMI, FL 33126 US	Mailing Address 248 NW LEJEUNE RD MIAMI, FL 33126 US
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02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0366207	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MUNOZ, MARIA T. 248 NW LEJEUNE RD MIAMI, FL 33126
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUNOZ, ROQUE JR 248 NW LEJEUNE RD MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MUNOZ, MARIA T 248 NW LEJEUNE RD MIAMI, FL 33126
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U00000763899 05/30/07-80034-006 150.00 DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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