

**2022 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F07000001432

**Entity Name:** XMS RPM, INC.

**Current Principal Place of Business:**

10020 NW 53 ST.  
SUNRISE, FL 33351

**Current Mailing Address:**

10020 NW 53 ST.  
SUNRISE, FL 33351 US

**FEI Number:** 33-0887505

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name PEARMAN, MARK  
Address 10020 NW 53 ST.  
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR, PRESIDENT  
Name SPICER, GREGORY  
Address 10020 NW 53 ST.  
City-State-Zip: SUNRISE FL 33351

Title SECRETARY, TREASURER,  
DIRECTOR  
Name RICE, DOUGLAS  
Address 10020 NW 53 ST.  
City-State-Zip: SUNRISE FL 33351

Title ASST. SECRETARY  
Name CASAZZA, GLORIA  
Address 10020 NW 53 ST.  
City-State-Zip: SUNRISE FL 33351

Title ASST. TREASURER  
Name CASAZZA, GLORIA  
Address 10020 NW 53 ST.  
City-State-Zip: SUNRISE FL 33351

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUGLAS RICE

**DIRECTOR, SECRETARY, 10/03/2022  
TREASURER**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date