

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90244 005 ***150.00

DOCUMENT # P00000100417	
1. Entry Name R.J. CASH III, INC.	

Principal Place of Business 10090 NW 27TH AVE MIAMI, FL 33147	Mailing Address 10090 NW 27TH AVE MIAMI, FL 33147
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2. Principal Place of Business		3. Mailing Address	
State, Apt. # etc.		State, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1054112		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIEGEL, STEPHEN S ESQ 7411 MIAMI LAKES DR MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JAFFIE, RAYMOND 2505 NW 183RD ST OPA-LOCKA, FL 33056 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RAFAEL E ESQUIVEL 10090 NW 27TH AVE MIAMI FL 33147 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JAFFIE, KENNETH 2505 NW 183RD ST OPA-LOCKA, FL 33056 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ESQUIVEL, WILLIAM 10090 NW 27TH AVE MIAMI, FL 33147 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: *R.J. CASH III, INC. PRES.* 04-20-05 305-671-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #