

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000049425

1. Entity Name

R & J NEW VENTURES, INC.



FILED

04 FEB 19 PM 2:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

100 W. MITHCELL HAMMOCK RD.
OVIEDO FL 32765
US

Mailing Address

100 W. MITHCELL HAMMOCK RD.
OVIEDO FL 32765
US

2. Principal Place of Business

100 W. Mitchell Hammock Rd.
Suite, Apt. #, etc.

3. Mailing Address

100 W. Mitchell Hammock Rd.
Suite, Apt. #, etc.

City & State

OVIEDO FL

City & State

OVIEDO FL

4. FEI Number

59-3717721

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBAYO, MANUEL
1636 OVIEDO GROVE CIRCLE
APT 22
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name ROBAYO, MANUEL
Street Address (P.O. Box Number is Not Acceptable)
1054 PROVIDENCE LN
City OVIEDO FL Zip Code 32765

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 Manuel Robayo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/4

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE OP Delete
NAME ROBAYO, MANUEL
STREET ADDRESS 1636 OVIEDO GROVE CIRCLE APT 22
CITY-ST-ZIP OVIEDO FL 32765

TITLE S Delete
NAME JIMENEZ, JULIETA
STREET ADDRESS 1636 OVIEDO GROVE CIRCLE APT 22
CITY-ST-ZIP OVIEDO FL 32765

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OP Change Addition
NAME ROBAYO, MANUEL
STREET ADDRESS 1054 PROVIDENCE LN
CITY-ST-ZIP OVIEDO FL 32765

TITLE Change Addition
NAME
STREET ADDRESS 700029452477
CITY-ST-ZIP 02/26/04--01022--007 **61.25

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 a address, with all other like empowered.

SIGNATURE: MANUEL ROBAYO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/4

Date

407 366 9700

Daytime Phone #