


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000065330**

1. Entity Name  
**RNJ PROPERTY MANAGEMENT AND DEVELOPMENT, INC.**



Principal Place of Business  Mailing Address

**7970 MIRAMAR PKWY** **7970 MIRAMAR PKWY**  
**MIRAMAR, FL 33023** **MIRAMAR, FL 33023**

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number **20-0103674** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, GERALD J DVM**  
**7970 MIRAMAR PARKWAY**  
**MIRAMAR, FL 33023**

**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 \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, BILLY PRES
STREET ADDRESS	5101 SW 21 ST
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	D
NAME	NASAI, KARRIEM V.PRES
STREET ADDRESS	16842 SW 50 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	JOHNSON, GERALD TREAS
STREET ADDRESS	7970 MIRAMAR PKWY
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/15/05-80012-008 150.00

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: Gerald J. Johnson, Treas. **TREAS.** **(954) 964-5557** **4/12/2005**

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