

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90854 036 ***150.00

DOCUMENT # F39555 1. Entity Name R.J. USA, INC.			
Principal Place of Business 6616 TARREGA ST. CORAL GABLES, FL 33146		Mailing Address 6616 TARREGA ST. CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # 1025 S. L STREET		3. Mailing Address P.O. BOX 12620	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33460		Zip 33460	
Country		Country	
4. FEI Number 59-2154467		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORHONEN, JUHANI W. 6616 TARREGA ST. CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name KORHONEN JUHANI W Street Address (P.O. Box Number is Not Acceptable) 1025 S. L STREET # 4 City LAKE WORTH FL Zip 33460	
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: <u>JUHANI KORHONEN</u> DATE: <u>4.27.07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP KORHONEN, RAILI 6616 TARREGA ST. CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP KORHONEN, RAILI 1025 S. L STREET LAKE WORTH, FL 33460
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KORHONEN, JUHANI 6616 TARREGA ST. CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KORHONEN, JUHANI 1025 S. L STREET LAKE WORTH, FL 33460
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>JUHANI KORHONEN</u> DATE: <u>4.27.07</u> DAYTIME PHONE: <u>561-585-9662</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			