


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # H84467 1. Entity Name RBJ MANAGEMENT CORPORATION, INC.	
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Principal Place of Business 9055 ROAN LANE LAKE PARK FL 33403 US	Mailing Address 9055 ROAN LANE LAKE PARK FL 33403 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2052712	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JAFFE, RONALD 431 WOODVIEW CIRCLE PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent	
Name	
Street Address (P. O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	JAFFE, RONALD
STREET ADDRESS	431 WOODVIEW CIRCLE
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	DST <input type="checkbox"/> Delete
NAME	JAFFE, BENITA
STREET ADDRESS	431 WOODVIEW CIRCLE
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000215719
02/05/05-80020-009 150.00

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: <i>Benita Jaffe</i> Benita Jaffe	Date: 1/28/05	Daytime Phone #: 561-691-0057
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