# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # H84467

1. Entity Name
RBJ MANAGEMENT CORPORATION, INC.

Principal Place of Business
9055 ROAN LANE
LAKE PARK, FL 33403 US

Mailing Address
9055 ROAN LANE
LAKE PARK, FL 33403 US

01042008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2052712
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAFFE, RONALD
431 WOODVIEW CIRCLE
PALM BEACH GARDENS, FL 33418

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | JAFFE, RONALD |
| STREET ADDRESS | 431 WOODVIEW CIRCLE |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | DST |
| NAME | JAFFE, BENITA |
| STREET ADDRESS | 431 WOODVIEW CIRCLE |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/09/08-80004-021 150.00

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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: RONALD JAFFE 1/4/08 5616910057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #