## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2007 08:00 AM **Secretary of State DOCUMENT # K13897** 1. Entity Name R. & J. T.V., INC. Principal Place of Business Mailing Address 2418 SW 137TH AVE., 2418 SW 137TH AVE., MIAMI, FL 33175 MIAMI, FL 33175 No Chg-P CR2E034 (11/05) 04192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0027491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORE, SALVADOR DO NOT WRITE 13300 SW 40 ST MIAMI, FL 33175 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 \_\_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 'After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D MORE, SALVADOR NAME U00000736637 05/10/07-80082-024 150.00 STREET ADDRESS 13300 SW 40 ST CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 trutled 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 addition, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

ED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR