2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attac

SIGNATURE:

ment with an address, w

SIGNATURE AND TYPED OR PRINTED NAME OF S

vail other like empowered.

Feb 17, 2004 8:00 am DOCUMENT # P00000072347 **Secretary of State** 1. Entity Name 02-17-2004 90037 046 ***150.00 RJT SALES, INC. Principal Place of Business Mailing Address 23285 MIRABELLA CIR. 23285 MIRABELLA CIR. **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-1085604 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENSPAN, PAUL Street Address (P.O. Box Number is Not Acceptable) 3150 NORTH EAST 190TH SUITE 102 MIAMI FL 33180 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VD PD Addition TITLE ☐ Delete Change TITLE THIER, RICHARD NAME NAME THIER I IASON 23285 MIRABELLA CIR STREET ADDRESS 23285 MIRABELLA CIR. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP BOCA RUTON, FL. 33433 TITt F ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nformation 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 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 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 12. I hereby certify that the inj indicated on this report of the corporation or the

FILED