

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90021 032 \*\*\*158.75

DOCUMENT # P01000085832

1. Entity Name

RJ DEVELOPERS, INC.



Principal Place of Business

6065 NORTHWEST 167TH STREET  
SUITE B23  
MIAMI FL 33015

Mailing Address

6065 NORTHWEST 167TH STREET  
SUITE B23  
MIAMI FL 33015

2. Principal Place of Business - No P.O. Box #

14345 Commerce Way  
Suite, Apt. #, etc.  
Miami Lakes, FL  
City & State

3. Mailing Address

14345 Commerce Way  
Suite, Apt. #, etc.  
Miami Lakes, FL  
City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-1135128

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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

Signature, typed or printed name of registered agent and state, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME RAHMANPARAST, MAHMOOD  
STREET ADDRESS 6065 NORTHWEST 167TH STREET  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE VTD  
NAME PATRICIO, GERARDO  
STREET ADDRESS 6065 NORTHWEST 167TH STREET  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/21/08 305-558-2588