

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000002639



1. Entity Name
RBJD, INC.

Principal Place of Business

Mailing Address

3363 NE 171 STREET
NORTH MIAMI BEACH, FL 33131

3363 NE 171 STREET
NORTH MIAMI BEACH, FL 33131

DO NOT WRITE IN THIS SPACE



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number

80-0030799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOENIGSBERG, JAY
1101 BRICKELL AVENUE SUITE 800-SOUTH
MIAMI, FL 33131

**DO NOT WRITE
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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHWARTZ, RITA SOFFER
STREET ADDRESS 19707 TURNBURY WAY TOWNHOUSE NO 1
CITY-ST-ZIP AVENTURA, FL 33180

TITLE P
NAME SCHWARTZ, DANIEL
STREET ADDRESS 3363 NE 171ST ST
CITY-ST-ZIP N MIAMI BEACH, FL 33160

TITLE V
NAME SCHWARTZ, JAY
STREET ADDRESS 19500 TURNBERRY WAY 3C
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000280603
03/30/05-80028-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

305-981-9526

Daytime Phone #