

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # P02000002639

1. Entity Name
RBJD, INC.



Principal Place of Business
3363 NE 171 STREET
NORTH MIAMI BEACH, FL 33131

Mailing Address
3363 NE 171 STREET
NORTH MIAMI BEACH, FL 33131



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0030799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, RITA SOFFER 19707 TURNBURY WAY TOWNHOUSE NO 1 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, DANIEL 3363 NE 171ST ST N MIAMI BEACH, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, JAY 19500 TURNBERRY WAY 3C AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/10/07-80060-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

958-883-3721

Date

Daytime Phone #