



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00
Secretary of State

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| DOCUMENT # P02000002639 1. Entity Name RBJD, INC. |  |
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| Principal Place of Business 3363 NE 171 STREET NORTH MIAMI BEACH, FL 33131 | Mailing Address 3363 NE 171 STREET NORTH MIAMI BEACH, FL 33131 |
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| DO NOT WRITE IN THIS SPACE |
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| 03032008 | No Chg-P CR2E034 (11/05) |
| 4. FEI Number 80-0030799 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KOENIGSBERG, JAY 1101 BRICKELL AVENUE SUITE 800-SOUTH MIAMI, FL 33131 |
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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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCHWARTZ, RITA SOFFER 19707 TURNBURY WAY TOWNHOUSE NO 1 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SCHWARTZ, DANIEL 3363 NE 171ST ST N MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SCHWARTZ, JAY 19500 TURNBERRY WAY 3C AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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| <p>U00000848835 03/20/08-80033-014 150.00</p> DO NOT WRITE IN THIS SPACE |
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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.

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|---|---------------------|--------------------------------|
| SIGNATURE:  | 3/3/08 | 954.883.3700 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |