
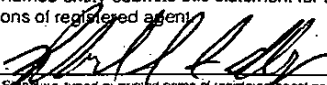
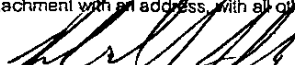


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90054 049 \*\*\*150.00

<b>DOCUMENT # P02000063895</b> 1. Entity Name HOME IMPROVEMENTS BY RJ, INC.					
Principal Place of Business 50 NE 47 COURT FORT LAUDERDALE, FL 33334			Mailing Address 50 NE 47 COURT FORT LAUDERDALE, FL 33334		
2. Principal Place of Business 809 NW 89 Avenue Suite, Apt. #, etc.			3. Mailing Address Same Suite, Apt. #, etc.		
City & State Plantation, FL			City & State		
Zip 33324		Country		4. FEI Number 02-0660635	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SALLOP, RICHARD J 50 NE 47 COURT FORT LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 809 NW 89 Avenue City Plantation FL Zip Code 33324		
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:  1/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALLOP, RICHARD S 809 NW 89 Avenue Plantation, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, EZEQUIEL 50 NE 47 COURT FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAXENAR, JON 50 NE 47 COURT FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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:  1/19/05 984-224-4938 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					