


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000114324**

1. Entity Name  
**RJR MARINE SERVICES, INC.**



Principal Place of Business  
**541 NE 48 ST APT 201  
 BOCA RATON, FL 33431**

Mailing Address  
**541 NE 48 ST APT 201  
 BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**22-3879602** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FISHMAN, ALAN S ESQ  
 2301 W SAMPLE RD BLDG 4 STE 1A  
 POMPANO BCH, FL 33073**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

000000435265  
 04/21/06-80003-013 150.00

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | RINNA, RON           |
| STREET ADDRESS | 541 NE 48 ST APT 201 |
| CITY-ST-ZIP    | BOCA RATON, FL 33431 |
| 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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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: *Ron Rinna* **RON RINNA (D)** 4/3/06 (561) 703-1990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #