


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90020 013 \*\*\*150.00

**DOCUMENT # P02000114324**

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



Principal Place of Business      Mailing Address

**665 GLOUCESTER ST  
APT 11  
BOCA RATON, FL 33487**

**665 GLOUCESTER ST  
APT 11  
BOCA RATON, FL 33487**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**6401 NE 7th AVE**      **6401 NE 7th AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**BOCA RATON FL**      **BOCA RATON FL**

Zip      Country      Zip      Country

**33487 USA**      **33487 USA**

**6. Name and Address of Current Registered Agent**

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



02072008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**22-3879602**      Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RINNA, RON</b>	
STREET ADDRESS	<b>665 GLOUCESTER APT 11</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RINNA, RON</b>	
STREET ADDRESS	<b>6401 NE 7th AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**      **3/10/08**      **561-703-1990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #