2008 FOR PROFIT CORPORATION

FILED Jan 14, 2008 8:00 am Secretary of State

ANNUAL REPORT

SIGNATURE: ROCCO BELLANTONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

DOCUMENT # P02000116078 01-14-2008 90083 005 ***150.00 RJA CONDOMINIUM INVESTMENTS, INC. Principal Place of Business Mailing Address **∆**∫UU63 ^ 1953 SW MACEDO BLVD 1953 SW MACEDO BLVD PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 02-0649814 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELLANTONI, ROCCO Street Address (P.O. Box Number is Not Acceptable) 3702 TANAGER PL. FORT PIERCE, FL 34982 Brad 1955 SW S MACEDO 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. 1-9-08 SIGNATURE RACED BELLANTONI 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPSV TITLE DPSV Change ☐ Addition ☐ Delete TITLE BELLANTONI JAMES
1955 SW S MACEDO BLVD. BELLANTONI, JAMES NAME NAME STREET ADDRESS 734 SE DUXBURG AVE STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP PORT ST. LUCIE FL 34984 BELLANTONI, ROCCO BLVD. TITLE ☐ Delete TITLE Change Addition BELLANTONI, ROCCO NAME 3702 TANAGER PLACE STREET ADORESS STREET ADDRESS PORT ST. LUCIE, FL 34984 FORT PIERCE, FL 34982 CITY-ST-7/P CITY-ST-70 Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE · Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.