

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P03000015301

1. Entity Name
RJM LEJEUNE PROPERTIES INVESTMENTS, INC.



Principal Place of Business

**10 NW 42ND AVE
SUITE 700
MIAMI, FL 33126**

Mailing Address

**10 NW 42ND AVE
SUITE 700
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
82-0586893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOURIZ, REINALDO J
10 NW 42ND STE 700
MIAMI, FL 33126**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000722838
05/02/07-80048-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOURIZ, REINALDO
STREET ADDRESS 10 NW 42ND AVE STE 700
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP
NAME MOURIZ, MIGUEL A
STREET ADDRESS 10 NW 42ND AVE STE 700
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP
NAME PUIQ, ERIQUE
STREET ADDRESS 10 NW 42ND AVE STE 700
CITY-ST-ZIP MIAMI, FL 33126

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

(305) 5671577

Daytime Phone #