
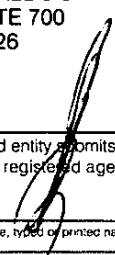
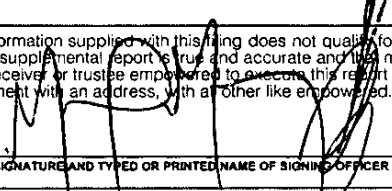


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90062 035 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 3630 SW 22ND ST.		3. Mailing Address 3630 SW 22ND ST.	
Suite, Apt. #, etc. SUITE 916		Suite, Apt. #, etc. SUITE 916	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33146	Country USA	Zip 33146	Country USA
4. FEI Number 82-0586893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOURIZ, REINALDO J 10 NW 42ND STE 700 MIAMI, FL 33126		7. Name and Address of New Registered Agent MOURIZ, REINALDO J Street Address (P.O. Box Number is Not Acceptable) 3630 SW 22ND ST. SUITE 916 City MIAMI FL Zip 33146	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 04-09-08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PD MOURIZ, REINALDO 10 NW 42ND AVE STE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOURIZ, REINALDO 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOURIZ, MIGUEL A 10 NW 42ND AVE STE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOURIZ, MIGUEL A 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUIQ, ERIQUE 10 NW 42ND AVE STE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUIG, ENRIQUE 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 04-09-08 (305) 587-1577	