


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90172 048 ***150.00

DOCUMENT # P03000042939	
1. Entity Name R & J LOGISTICS INTERNATIONAL, INC.	

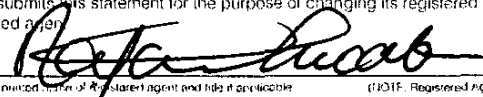
Principal Place of Business 191 NE 43RD COURT OAKLAND PARK, FL 33334	Mailing Address P.O. BOX 23411 OAKLAND PARK, FL 33307
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2. Principal Place of Business 11380 NW 33RD ST	3. Mailing Address P.O. Box 23411
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SUNRISE FL.	City & State OAKLAND PARK FL.
Zip 33323	Zip 33307
Country USA.	Country USA.

6. Name and Address of Current Registered Agent MERCADO, RAFAEL L 191 NE 43RD COURT OAKLAND PARK, FL 33334	
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.

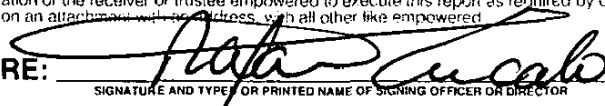
SIGNATURE  DATE **042705**

Signature typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MERCADO, RAFAEL L 191 NE 43RD COURT OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PVTS MERCADO, RAFAEL L 191 NE 43RD COURT OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input 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 exemption stated in Section 119.07(3)(i), 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 no address, with all other like empowered.

SIGNATURE:  DATE **954605-9572** DAYTIME PHONE # **04-2705**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR