


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90103 028 ***150.00

DOCUMENT # P03000095884 1. Entity Name RMJE INC.			
Principal Place of Business 7540 NW 47TH AVENUE COCONUT CREEK, FL 33073		Mailing Address 7540 NW 47TH AVENUE COCONUT CREEK, FL 33073	
2. Principal Place of Business 2245 Seaford DR		3. Mailing Address 2245 Seaford DR	
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:	
City & State Wellington, FL		City & State Wellington, FL	
Zip 33414-6228		Zip 33414-6228	
Country US		Country US	
4. FEI Number 20-0191580		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 AGUIRRE, RAFAEL 7540 NW 47TH AVENUE COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name AGUIRRE, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 2245 Seaford DR City Wellington FL Zip Code 33414-6228	
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 <u><i>Rafael Aguirre</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>4/15/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P <input type="checkbox"/> Delete AGUIRRE, RAFAEL 7540 NW 47TH AVENUE COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AGUIRRE, RAFAEL 2245 Seaford DR Wellington, FL 33414-6228
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: <u><i>Rafael Aguirre</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/15/06</u> <small>Date</small>	
<small>Daytime Phone #</small>			