


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000121888 1. Entity Name RJ & M PIZZERIA, INC.	
---	---

Principal Place of Business 5557 S. E. FEDERAL HWY. STUART, FL 34997 US	Mailing Address 5557 S. E. FEDERAL HWY. STUART, FL 34997 US
---	---



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 53-8012954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NILSEN, MARK 6551 N. CHASEWOOD DR. APT.# B JUPITER, FL 33458
--

**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

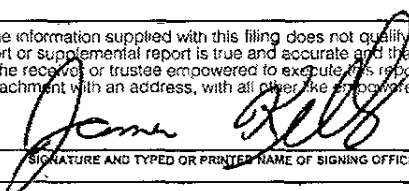
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NILSEN, MARK 6551 N. CHASEWOOD DR. APT#B JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KELLY, JAMES 1262 D NORTHWEST SUN TERRACE CIRCLE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T KELLY, ROSEMARIE 1262 D NORTHWEST SUN TERRACE CIRCLE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000581970
01/11/07-80013-003 150.00

**DO NOT WRITE
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 Date Daytime Phone #