



2005 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000129060 1. Entity Name R.S. & J.M. INVESTMENT, CORP.						FILED 05 SEP -2 PM 7:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1055 EAST 41ST STREET HIALEAH, FL 33013				Mailing Address 18750 NW 5TH STREET HOLLYWOOD, FL 33029			
2. Principal Place of Business		3. Mailing Address 1055 E. 41ST STREET				07282005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State HIALEAH, FL					
Zip		Country		Zip 33013			
4. FEI Number 83-0375846				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 SICARDI, RAUL 18750 N.W. 5TH STREET PEMBROKE PINES, FL 33029	
7. Name and Address of New Registered Agent Name ROZENCWAIG & FERRERO-CARR							
Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD							
City HALLANDALE BEACH FL Zip Code 33009							
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE _____ </div> </div>							
Amended AR is \$61.25				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 SICARDI, RAUL 18750 N.W. 5TH STREET PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400059957964 09/26/05--01058--009 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SICARDI, HELEN 18750 N.W. 5TH STREET PEMBROKE PINES, FL 33029 <input checked="" 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	ST MAGDALENO, JOSE 19209 EAST LAKE DRIVE HIALEAH, FL 33015 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAGDALENO, JOSE 19209 E. LAKE DRIVE HIALEAH, FL 33015 <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		
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		
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 an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small> _____ <small>Daytime Phone #</small> _____							