

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-03-2005 90177 016 ***152.00

DOCUMENT # P04000002884 1. Entity Name RJS METAL PARTITIONS, INC			
Principal Place of Business 7656 NW 73RD TERRACE TAMARAC, FL 33321		Mailing Address 7656 NW 73RD TERRACE TAMARAC, FL 33321	
2. Principal Place of Business 10214 NW 80th COURT Suite, Apt. #, etc.		3. Mailing Address 541 SOUTH STATE RD. 7 Suite, Apt. #, etc. (11)	
City & State TAMARAC, FLORIDA Zip 33321 Country BROWARD		City & State MARGATE, FLORIDA Zip 33068 Country BROWARD	
4. FEI Number 20-0537106		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SHREWSBURY, ROBERT 7656 NW 73RD TERRACE TAMARAC, FL, FL 33321		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHREWSBURY, ROBERT 7656 NW 73RD TERRACE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 10214 NW 80th COURT TAMARAC, FLORIDA 33321
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
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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 an address, with all other like empowered.			
SIGNATURE: <u>xxx Robert Shrewsbury</u> <u>Pres.</u>		Date <u>1-4-05</u> <u>954-</u>	