2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003805

1. Entity Name
RJKAR, INCORPORATED

Principal Place of Business	Mailing Address
10921 SOUTHWEST 140TH AVENUE	10921 SOUTHWEST 140TH AVENUE
MIAMI, FL 33186	MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
51-0493352	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, LAUREN P.A.
1330 CORAL WAY, SUITE 208
MIAMI, FL 33145

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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 4-13-07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

U000000709603
04/25/07-80009-022 158.75

TITLE	P
NAME	SIMONE, ROBERT J
STREET ADDRESS	10921 SOUTHWEST 140TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	V
NAME	DICKINSON-SIMONE, KAREN A
STREET ADDRESS	10921 SOUTHWEST 140TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Robert J. Simone   4-13-07   305 519 4870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #