

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-02-2005 90413 013 ***150.00

DOCUMENT # P04000026285					
1. Entity Name RJR CONSULTING GROUP, INC.					
Principal Place of Business 22315 SOLITUDE DRIVE BOCA RATON, FL 33428			Mailing Address 22315 SOLITUDE DRIVE BOCA RATON, FL 33428		
2. Principal Place of Business 86 Portobello Road			3. Mailing Address 86 Portobello Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Arden, NC		City & State Arden, NC		4. FEI Number 200712675	
Zip 28704		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHWARTZ, STEVEN G ESQ. 3301 NW BOCA RATON BOULEVARD SUITE 200 BOCA RATON, FL 33431			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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 RANIERI, RONALD 22315 SOLITUDE DRIVE BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ranieri, Ronald 86 Portobello Road Arden, NC 28704	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RANIERI, MICHELLE 22315 SOLITUDE DRIVE BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Ranieri, Michelle 86 Portobello Road Arden, NC 28704	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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>Michelle Ranieri</u> 4/25/05 8286547600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66022040



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