2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90571 049 ***150.00

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000029855

1. Entity Name
RDJ TRADING, INC.

Principal Place of Business	Mailing Address
9425 SW 91ST MIAMI, FL 33176 US	9425 SW 91ST MIAMI, FL 33176

2. Principal Place of Business	3. Mailing Address
9737 NW. 41st street	9737 NW 41st St
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 465
City & State: Miami FL.	City & State: MIAMI FL
Zip 33178 Country USA	Zip 33178 Country USA

4. FEI Number 52-2442534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JHANGIMAL, AARTI
9425 SW 91 ST
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: JHANGIMAL, Aarti
Street Address (P.O. Box Number is Not Acceptable): 9737 NW 41st Street PNB 465
City: Miami FL Zip Code 33178

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, 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 JHANGIMAL, AARTI D 9425 SW 91 ST MIAMI, FL 33176 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JHANGIMAL, Aarti. 9737 NW 41st street PNB 465 Miami. FL. 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JHANGIMAL, RAVI D 9425 SW 91 ST MIAMI, FL 33176 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JHangimal, Ravi 9737 NW 41st street Miami. FL. 33178 ☒ Change ☐ Addition
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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: ______ 04/25/05 786-281-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #