


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90032 044 ***150.00

DOCUMENT # P04000096552			
1. Entity Name RJD TECHNOLOGIES, INC.			
Principal Place of Business 1321 INDIAN TRL N PALM HARBOR, FL 34683 US		Mailing Address 6400 N. ANDREWS AVE. STE 320 FT. LAUDERDALE, FL 33309 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1321 INDIAN TRAIL NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PALM HARBOR, FL	
Zip	Country	Zip	Country
34683	U.S.A.		



01232007 Chg-P CR2E034 (12/06)

4. FEI Number
55-0873125

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent HARRIS, RICHARD H 6400 N. ANDREWS AVE STE 320 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name ROBERT DEPALO Street Address (P.O. Box Number is Not Acceptable) 1321 INDIAN TRAIL NORTH City PALM HARBOR FL Zip Code 34683	
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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

x 1/29/07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT, DEPALO 1321 INDIAN TRL N PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Depalo Pres. 1/29/07 954-560-8840