2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P06000045955 1. Entity Name 04-30-2008 90183 042 ***150.00 RCJ USA, INC. Principal Place of Business Mailing Address 241 DUNCAN LOOP W 241 DUNCAN LOOP W 8-#201 8-#201 DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1328 Carriage Parc 1328 Corriage Parc Do Suite, Apt. #, etc. Suite, Apt. #, etc. 04272008 Chg-P CR2E034 (12/06) City & State City & State 4 FFI Number Applied For Chattango ga TN TN Chattancoga 20-4460145 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired UŚĄ ÚSA 37 Y 2 I Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTILLO, RAFAEL G Street Address (P.O. Box Number is Not Acceptable) 241 DUNCAN LOOP WEST #8-201 DUNEDIN, FL 34698 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete mu K Change ☐ Addition Castillo, Ruland G CASTILLO, RAFAEL G NAME NAME 1328 corriage Part Dr 241 DUNCAN LOOP WEST #8-201 STREET ADDRESS STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-S1-ZIP Chattanooga TN 37421 Change TITLE Delete TITLE Castillo Johanna G ☐ Addition CASTILLO, JOHANNA G NAME NAME 1328 Carriage Parc Dr STREET ADDRESS 241 DUNCAN LOOP WEST #8-201 STREET ADDRESS DUNEDIN, FL 34698 CITY_ST-7IP Chattanooga TN CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADORESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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.

vicepresident

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04-26-08

276473772

FILED