

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90029 018 ***150.00

DOCUMENT # P06000122965

1. Entity Name
RM JUSTICE, INC.



Principal Place of Business
1006 NE 97TH STREET
MIAMI SHORES, FL 33138 US

Mailing Address
1006 NE 97TH STREET
MIAMI SHORES, FL 33138 US

40005709



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0785612

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ERRA, ROBERT
1006 NE 97TH STREET
MIAMI SHORES, FL 33138

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ERRA, MADONNA
STREET ADDRESS 1006 NE 97TH STREET
CITY - ST - ZIP MIAMI SHORES, FL 33138

TITLE VP, S
NAME ERRA, ROBERT
STREET ADDRESS 1006 NE 97TH STREET
CITY - ST - ZIP MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT ERRA, VP

1-04-08 305-278-4441