## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000100176

Entity Name: RJPATTERNS CORP.

City-St-Zip: NEW YORK, NY 10023

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6300 SW : HOUSE	34TH STREE	т			
	, FL 33023	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	34TH STREE	Т			
HOUSE MIRAMAR	, FL 33023	US			
FEI Number	: 35-2308082	FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Age	nt: Name and Address o	of New Registered Agent:	
# M-4 MIAMI, FL	33179 US	submits this statement fo	r the purpose of changing its registere	d office or registered agent, or both	
	e of Florida.		Tano parpose of changing the registere	a omeo or regionarea agent, or bear	
SIGNATU					
	Electro	nic Signature of Registere	ed Agent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P. ( ASENCIO, RO 6300 SW 34TI MIRAMAR, FL	H STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ASENCIO, ING 6300 SW 34TI MIRAMAR, FL	H STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ASENCIO, JUI 1206 APPLEV CARKS SUMM	VOOD ACRES	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ASENCIO, LIZ 211 N. ERIE A LINDERHURS	VE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROSA ASENCIO PRES 04/28/2008