


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000000808 1. Entity Name R J T INCORPORATED	
---	---

Principal Place of Business
**1900 SUNSET HRB. DR.
#1
MIAMI BEACH, FL 33139**

Mailing Address
**1900 SUNSET HRB. DR.
#1
MIAMI BEACH, FL 33139**



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0384515	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

5. Name and Address of Current Registered Agent

**TURCHIN, JOHN A
1900 SUNSET HRB. DR.
SUITE 1
MIAMI BEACH, FL 33139**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	TURCHIN, ROBERT
STREET ADDRESS	1900 SUNSET HRB. DR. SUITE 1
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DP
NAME	TURCHIN, JOHN
STREET ADDRESS	1900 SUNSET HRB. DR. SUITE 1
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DVP
NAME	TURCHIN, TOM
STREET ADDRESS	1900 SUNSET HRB. DR. SUITE 1
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100007331328
04/26/05-80013-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

John Turchin April 14, 2005 305672660

Date

Daytime Phone #