

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000047559

1. Entity Name
R J I ASSOCIATES, INC.



FILED
04 OCT -5 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11105 WHISPERING PINES LANE
BOCA RATON, FL 33438 US

Mailing Address
11105 WHISPERING PINES LANE
BOCA RATON, FL 33438 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09152004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0421347

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFANTINO, RICHARD J
11105 WHISPERING PINES LANE
BOCA RATON, FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME INFANTINO, RICHARD J
STREET ADDRESS 11105 WHISPERING PINES LANE
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE D ☐ Delete
NAME INFANTINO, FRANCES
STREET ADDRESS 11105 WHISPERING PINES LANE
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
300041979163
10/19/04--01029--001 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

FRANCES INFANTINO

9-28-04

Date

561-241-4189

Daytime Phone #