

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90335 012 ***150.00

DOCUMENT # P93000082253 1. Entity Name R.E.J., INC.			
Principal Place of Business 940 OCEAN DRIVE 357 N.E. 167 St. MIAMI FL 33169 33161 US N.M.B.		Mailing Address P.O. BOX 2914 HOLLAND FL 33008 US HALLANDALE	
2. Principal Place of Business 357 N.E. 167 St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2914 Suite, Apt. #, etc.	
City & State N.M.B. FLA.		City & State HALLANDALE FLA.	
Zip 33162		Zip 33008	
Country U.S.		Country U.S.	
4. FEI Number 65-0455610		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIMOUN, ROGER 940 OCEAN DRIVE MIAMI FL 33139 128 OCEAN BLVD. GOLDEN BEACH FLA. 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 		DATE 3/30/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-stating)	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	NAME MIMOUN, ROGER	TITLE 	NAME
STREET ADDRESS 940 OCEAN DRIVE 128 OCEAN BLVD.	CITY-ST-ZIP MIAMI FL 33139 GOLDEN BEACH FL 33160	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/30/06

Date

Daytime Phone #

786-556-7754