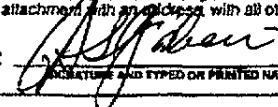


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000031514			
1. Entity Name R.J'S MICA, INC.			
Principal Place of Business 270 N.W. 73RD STREET MIAMI, FL 33150		Mailing Address 270 N.W. 73RD STREET MIAMI, FL 33150	
DO NOT WRITE IN THIS SPACE		05022006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0487720 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
E. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
JABAR, ABDOL S 318 NW 153 AVE APT. F403 PEMBROKE PINES, FL 33028			
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 the fee if applicable (NOTE: Registered Agent Signature required when renewing) DATE			
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		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		U00000562237 05/19/06-80048-002 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	PSTD		
NAME	JABAR, ABDOL S		
STREET ADDRESS	318 NW 153 AVE		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		05/05/06 (305) 757-7427	
_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		_____ Date Daytime Phone	