2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 01, 2005 8:00 am **Secretary of State** DOCUMENT # P96000016355 1. Entity Name 02-01-2005 90032 012 ***150.00 RFJD HOLDING CO., INCORPORATED Principal Place of Business Mailing Address 5440 N ST RD R SUITE 223 5440 N ST RD 7 SUITE 223 **UUUUULUU** FT LAUDERDALE FL 33319 US FT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0642288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONATH, GERALD Street Address (P.O. Box Number is Not Acceptable) 5440 N ST RD 7 #223 FORT LAUDERDALE FL 33319 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. GERALD DONATH Delete Change TITLE TITLE ■ Addition 5440 N. ST. RD 7 # 223 DONATH, GERALD NAME NAME 7345 NW 68TH WAY STREET ADDRESS STREET ADDRESS FT. LAUD. ,FL 333/9 CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP ☐ Delete PROBERT FIESTAL 5440 No ST. RD. 7 #223 TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUD, FL 33319 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZiP TITLE ☐ Detete TITLE ☐ Change Addition NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED