


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000029850
 1. Entity Name
REJA ENTERPRISES, INC.



Principal Place of Business Mailing Address
 1300 SOUTHEAST 17 ST., STE. 202 1300 SOUTHEAST 17 ST., STE. 202
 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

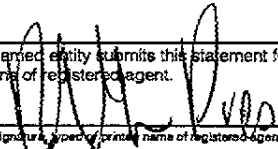
4. FEI Number
65-0668267 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GOLLIN, RICHARD
1300 S.E. 17TH ST.
SUITE 202
FT. LAUDERDALE, FL 33316

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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: **3/31/04**

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

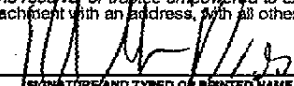
U00000102855
 04/05/04-80032-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLLIN, RICHARD
STREET ADDRESS	1300 SOUTHEAST 17 ST., STE. 202
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  DATE: **3/31/04** Daytime Phone #: **954 767 0663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR