2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

03302005   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 3-29-05

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, 2005 Fee will be $550.00

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

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	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   3-29-05   9547670663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #