2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2006 8:00 am Secretary of State ANNUAL REPORT 04-14-2006 90133 037 ***150.00 DOCUMENT # P96000101029 1. Entity Name **RJ CORPORATION** Principal Place of Business Mailing Address 2165 US HIGHWAY 27 SOUTH 2165 US HIGHWAY 27 SOUTH LAKE PLACID, FL 33852-7915 LAKE PLACID, FL 33852-7915 2. Principal Place of Business 3. Mailing Address 9400 19th Lane 6141 Via Venetia North Suite, Apt. #, etc Suite, Apt. #, etc. 03272006 CR2E034 (11/05) Chg-P City & State City & State Applied For 4. FEI Number Delray Beach, FL Vero Beach, FL 65-0797966 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32966-3070 33484 USÁ USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMUBHAI, PATEL N <u>Ramubhai N. Patel</u> Street Address (P.O. Box Number is Not Acceptable) 6141 Via Venetia North 2165 US HWY 27 SOUTH LAKE PLACID, FL 33852-7915 City Delray Beach Zio Code 4 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. STD TITLE 51, TITI F ☐ Addition ☐ Delete Change NAME PATEL, JITENDRA D NAME 201 S PARROTT AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP PD TITLE ☐ Delete PD TITLE ☐ Addition NAME PATEL, RAMUBHAI N NAME Ramubhai N. Patel STREET ADDRESS 2165 US HWY 27 SOUTH STREET ADDRESS 6141 Via Venetia North CITY-ST-ZIP LAKE PLACID, FL 338527915 CITY-ST-ZIP Delray Beach, FL 33484 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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.

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Oaytime Phone #

FILED