
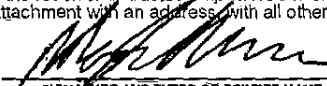


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000018512 1. Entity Name RJR ENTERTAINMENT CORP.					
Principal Place of Business 2100 NW 127TH AVE PEMBROKE PINES FL 33028 US			Mailing Address 11900 BISCAYNE BLVD., #506 MIAMI FL 33181 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0788442 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC 2665 S BAYSHORE DR SUITE 703 MIAMI FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MOSES, ROBERT 2100 NW 127TH AVE PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POLANSKY, MICHELL S ESQ 2665 S BAYSHORE DR STE 703 MIAMI FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSES, ROBERT 2100 NW 127TH AVE PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 changed, or on an attachment with an address with all other like empowered.			U000000368863 06/02/05-80003-006 150.00		
SIGNATURE: 			05-12-05 954-430-5811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		