

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018512

FILED
Apr 28, 2009
Secretary of State

Entity Name: RJR ENTERTAINMENT CORP.

Current Principal Place of Business:

815 N. HOMESTEAD BLVD., #402
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

815 N. HOMESTEAD BLVD., #402
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-0788442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLANSKY, MITCHELL S ESQ.
2665 S BAYSHORE DR
SUITE 703
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

POLANSKY, MITCHELL S ESQ.
999 BRICKELL AVE SUITE 600
MIAMI, FL 33131 US

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.

SIGNATURE:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: MOSES, ROBERT
Address: 815 N. HOMESTEAD BLVD., #402
City-St-Zip: HOMESTEAD, FL 33030 US

Title: AS () Delete
Name: POLANSKY, MICHELL S ESQ
Address: 2665 S BAYSHORE DR STE 703
City-St-Zip: MIAMI, FL 33133

Title: STD () Delete
Name: MOSES, ROBERT
Address: 815 N. HOMESTEAD BLVD., #402
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: POLANSKY, MITCHELL S ESQ
Address: 999 BRICKELL AVE SUITE 600
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MOSES

PV

04/28/2009

Electronic Signature of Signing Officer or Director

Date