## 2008 FOR PROFIT CORPORATION •

## Mar 03, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P97000077187 1. Entity Name R & J CONSULTING INC. Principal Place of Business Mailing Address 11715 S.W. 129 CT. 11715 S.W. 129 CT. MIAMI, FL 33186 MIAMI, FL 33186 02262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0779217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUAREZ, JULIE DO NOT WRITE 11715 S.W. 129 CT. MIAMI, FL 33186 IN THIS SPACE 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 directly agent. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SUAREZ, JULIE NAME 11715 SW 129 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME SUAREZ, RAMON U00000845386 STREET ADDRESS 11715 S.W. 129 CT. 03/13/08-80037-001-150.00 CITY-\$1-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZÎP

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 leceber 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 attact their with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED