## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # P9700085004  1. Entity Name R & J FISHING CORPORATION					•		90035 028 ***150		
Principal Place of Business		Mailing Address							
C-50 10 AVE KEY WEST, FL 33040		C-50 10 AVE KEY WEST, FL 33040							
2. Principal Place of Business - No P.O. 8ox #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numb		Applied For Not Applicable		
Zip	Country	Žip	Country		5. Certificate	of Status Desired	□ \$8.75 Add		
ļ	6. Name and Address of Current	Registered Agent	<u></u>		7. Name and Address of New Registered Agent				
				Name					
HERNANDEZ, ROBERTO C-50 10 AVE			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
KEY WEST, FL 33040									
				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									
FILE NOW!!! FEE IS \$150.00  -After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
TITLE	PSTD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	HERNANDEZ, ROBERTO C-50 10 AVE		NAME STREET ADDRESS						
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP						
TITLE	V	X Delete	TIFLE				☐ Change	Addition	
NAME	HERNANDEZ, RUBEN		NAME	1					
STREET ADDRESS CITY-ST-ZIP	C-50 10 AVE KEY WEST, FL 33040		STREET ADDRESS CITY-ST-ZIP						
TITLE	112111201112 00010	. Delete	TITLE	v			☐ Change	Addition	
NAME	_		NAME		RNANDEZ	, ROMEO		K	
STREET ADDRESS			STREET ADDRESS	1	50 10			'	
CITY-ST-ZIP	<del>-</del>		CITY-ST-ZIP	KE	Y WEST	FL 33040			
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<b></b>					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME	İ					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
0111-31 EII	<u></u>		J 51 21	1					

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 attack ment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: NE

305-797-2373 Daytime Phone #