2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

SIGNATURE:

Jan 12, 2005 8:00 am Secretary of State **DOCUMENT # P99000073931** 01-12-2005 90013 031 ***150.00 RJR GROUP, INC. Principal Place of Business Mailing Address 9700 SOUTH DIXIE HIGHWAY 9700 SOUTH DIXIE HIGHWAY COOUUUUP SUITE 500 SUITE 500 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0944125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT, BERNEY Street Address (P.O. Box Number is Not Acceptable) 9700 S DIXIE HWY STE 500 MIAMI, FL 33156 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BERNEY, ROBERT J NAME 9700 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUBOFF, JAY B NAME NAME STREET ADDRESS 9700 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP STD S D TITLE ☐ Delete TITLE Change ☐ Addition WILSON, RUTH B NAME NAME 9700 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition NAME Bogdanoff, Richard M. STREET ADORESS STREET ADDRESS 9700 South Dixie Highway, Suite 500 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33156 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

Daytime Phone #