
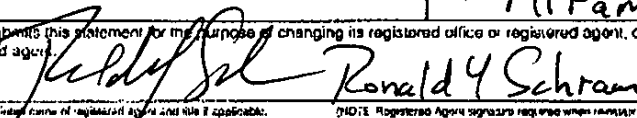



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L51921 1. Entity Name F & R DEVELOPMENT CORP.		
Principal Place of Business 2801 FLORIDA AVE STE 12 COCONUT GROVE, FL 33133-1903 US		Mailing Address 2801 FLORIDA AVE STE 12 COCONUT GROVE, FL 33133-1903 US
2. Principal Place of Business 2801 Florida Ave Suite, Apt., etc. Suite 10 City & State Miami FL Zip 33133 Country USA		3. Mailing Address Go Gelder and Company Suite, Apt., etc. 11450 Interchange Circle North City & State Miramar FL Zip 33025 Country USA
4. FEI Number 65-0186218		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02172006 Chg-P CR2E034 (11/05)
6. Name and Address of Current Registered Agent SCHRAM, RONALD Y. 2801 FLORIDA AVE STE 12 COCONUT GROVE, FL 33133-1903		7. Name and Address of New Registered Agent Name Ronald Y Schram Street Address (P.O. Box Number is Not Accountable) Go Gelder and Company 11450 Interchange Circle North City Miramar FL 33025
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  Ronald Y Schram DATE 2/29/06 <small>Signature of person whose name is registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 DVS <input type="checkbox"/> Delete NAME SCHRAM, RONALD Y STREET ADDRESS 2801 FLORIDA AVE STE 12 CITY-ST- ZIP COCONUT GROVE, FL 331331903	TITLE DP <input type="checkbox"/> Delete NAME HESSEL, FRANK JAY STREET ADDRESS 2801 FLORIDA AVE STE 12 CITY- ST- ZIP COCONUT GROVE, FL 331331903	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Suite 10 STREET ADDRESS Miami FL 33133 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Suite 10 STREET ADDRESS Miami FL 33133 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP
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12. I hereby certify that the information submitted 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 authorized 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 attachment with an address, with all other like information.		
SIGNATURE:  Ronald Y Schram <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/29/06 305 529 9088 <small>DATE</small>

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