

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014161

FILED  
May 01, 2006  
Secretary of State

Entity Name: RRR PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

5769 NO. ANDREWS WAY  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5769 NO. ANDREWS WAY  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

FEI Number: 75-2992273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, IRWIN H  
5769 NO. ANDREWS WAY  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEVINE, IRWIN H  
Address: 5769 NO. ANDREWS WAY  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P ( ) Delete  
Name: THOMAS, DEBORAH  
Address: 5769 NO. ANDREWS WAY  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: THOMAS, DEBORA  
Address: 5769 NO. ANDREWS WAY  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORA THOMAS

VP

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date