
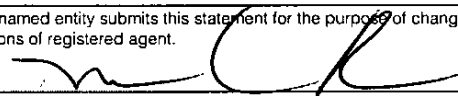
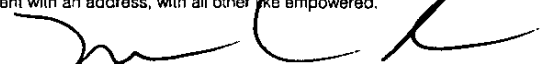


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90236 010 ***150.00

DOCUMENT # P03000096453			
1. Entity Name MR & RR, INC.			
Principal Place of Business 110 GRANADA ST. ROYAL PALM BCH, FL 33411		Mailing Address 110 GRANADA ST. ROYAL PALM BCH, FL 33411	
2. Principal Place of Business 145 Cordoba Cir Suite, Apt. #, etc.		3. Mailing Address 145 Cordoba Cir Suite, Apt. #, etc.	
City & State Royal Palm Bch FL Zip 33411 Country US		City & State R.P. Bch FL Zip 33411 Country US	
4. FEI Number 54-2127739		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUTHIER, RICKIE 110 GRANADA ST. ROYAL PALM BCH, FL 33411		7. Name and Address of New Registered Agent Name: Rickie Routhier Street Address (P.O. Box Number is Not Acceptable): 145 Cordoba Cir City: R.P. Bch FL Zip Code 33411	
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:  DATE: 01/12/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: PD NAME: ROUTHIER, RICKIE STREET ADDRESS: 110 GRANADA ST. CITY-ST-ZIP: ROYAL PALM BCH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Routhier, Rickie STREET ADDRESS: 145 Cordoba Cir CITY-ST-ZIP: R.P. Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ROUTHIER, MICHELINE STREET ADDRESS: 110 GRANADA ST. CITY-ST-ZIP: ROYAL PALM BCH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: Routhier, Micheline STREET ADDRESS: 145 Cordoba Cir CITY-ST-ZIP: R.P. Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 01/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

00020631



01112005 Chg-P CR2E034 (10/03)