


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000160508 1. Entity Name R & ASSOCIATES, INC.	
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Principal Place of Business 5755 WEST 17 AVENUE HIALEAH, FL 33012	Mailing Address 5755 WEST 17 AVENUE HIALEAH, FL 33012
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07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2239772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent ROCA, ANTONIO (TONY) 5755 WEST 17 AVENUE HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

9. 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 reappointing) DATE _____

FILE NOW!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000001326746 08/19/05-R00004-014 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D ROCA, ANTONIO (TONY) 5755 WEST 17 AVENUE HIALEAH, FL 33012
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **8-15-05 786-417-4579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #