2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 433976

Entity Name: THREE R'S MANAGEMENT CORP.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

705 EAST 10TH AVE 695 EAST 10TH AVE HIALEAH, FL 33010 HIALEAH, FL 33010

Current Mailing Address: New Mailing Address:

705 EAST 10TH AVE 695 EAST 10TH AVE HIALEAH, FL 33010 HIALEAH, FL 33010

FEI Number: 59-1508332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SERNS, DAVID R 17101 NE 19 AVE SUITE 205 NORTH MIAMI BEACH, FL 33162 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROSENFELD, MELVIN, Name: ROSENFELD, ALITA,

 Address:
 705 E 10TH AVE
 Address:
 695 E 10TH AVE

 City-St-Zip:
 HIALEAH, FL
 City-St-Zip:
 HIALEAH, FL
 33010

Title: D () Delete Title: SCTY (X) Change () Addition Name: SERNS, DAVID R, Name: ROSENFELD, JASON,

 Name:
 SERNS, DAVID R,
 Name:
 ROSENFELD, JASOI

 Address:
 17101 NE 19 AVE, SUITE 205
 Address:
 695 E 10TH AVE

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:
 HIALEAH, FL 33010

Title: D () Delete Title: D (X) Change () Addition

Name: SERNS,DAVID R., Name: SERNS,DAVID R.,

Address: 2040 NE 163RD ST. Address: 17101 NE 19 AVE, SUITE 205
City-St-Zip: NORTH MIAMI BCH, FL 33162

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: ALITA ROSENFELD PD 01/08/2007