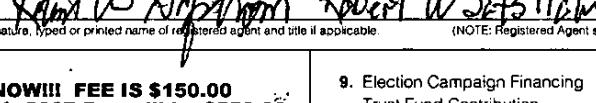


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90056 038 ***150.00

DOCUMENT # 534801			
1. Entity Name R & R CLEANERS, INC.			
Principal Place of Business 4001 N. W. 7TH ST. MIAMI, FL 33126		Mailing Address 4001 N. W. 7TH ST. MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
IGLESIA, ROGELIO 734 N.W. 32ND PLACE MIAMI, FL 33125		Name ROBER Street Address 1207 City CORAL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE: 		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)	
+ FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$ <input checked="" type="checkbox"/> Ad	
10. OFFICERS AND DIRECTORS			
TITLE PD NAME IGLESIA, ROGELIO STREET ADDRESS 734 N.W. 32ND PLY CITY-ST-ZIP MIAMI, FL		<input checked="" type="checkbox"/> Delete	
TITLE TD NAME SAFSTROM, ELENA I. STREET ADDRESS 1207 ALHAMBRA CIRCLE CITY-ST-ZIP CORAL GABLES, FL		<input type="checkbox"/> Delete 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. DIRECTOR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 600 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			