

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K50260						
1. Entity Name R & R RESERVES, INC.						
Principal Place of Business % RAYMOND J. FRANCONI, DDS 10852 N KENDALL DR #112 MIAMI, FL 33176	Mailing Address % RAYMOND J. FRANCONI, DDS 10852 N KENDALL DR #112 MIAMI, FL 33176	 04222005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-0086449</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0086449	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent FRANCONI, RAYMOND J., DDS 10852 N KENDALL DR #112 SUITE 101 MIAMI, FL 33176						
DO NOT WRITE IN THIS SPACE						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
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						
TITLE	D	<div style="font-family: monospace; font-size: 1.2em;">000000342550</div> <div style="font-family: monospace; font-size: 1.2em;">04/29/05-80060-006 150.00</div> DO NOT WRITE IN THIS SPACE				
NAME	FRANCONI, RAYMOND J.					
STREET ADDRESS	10852 N KENDALL DR #112					
CITY - ST - ZIP	MIAMI, FL 33176					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
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TITLE						
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STREET ADDRESS						
CITY - ST - ZIP						
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: <u><i>Raymond J. Franconi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>Apr 27, 2005</i></u> Daytime Phone # <u><i>305 232-2510</i></u>				