2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K50260

1. Entity Name
R & R RESERVES, INC.

Principal Place of Business	Mailing Address
% RAYMOND J. FRANCONI, DDS 10852 N KENDALL DR #112 MIAMI, FL 33176	% RAYMOND J. FRANCONI, DDS 10852 N KENDALL DR #112 MIAMI, FL 33176

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07182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0086449	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCONI, RAYMOND J., DDS
10852 N KENDALL DR #112
SUITE 101
MIAMI, FL 33176

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

U00000572414
07/27/06--80904-023 150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANCONI, RAYMOND J.
STREET ADDRESS	10852 N KENDALL DR #112
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
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CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Raymond J Franconi dds 20 July 2006_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #