


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

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
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 file if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: <i>Raymond J. Franconi</i> 000 July 9 2007 1305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0086449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/19/07-R0007-010 150.00
DATE

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271-1212 hm.