


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # L49332
1. Entity Name
RSR INVESTMENTS, INC.



Principal Place of Business
**1802 W. CLEVELAND ST.
TAMPA, FL 33606**

Mailing Address
**1802 W. CLEVELAND ST.
TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3009614 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BARBAS, RANDY R.
1802 W. CLEVELAND ST.
TAMPA, FL 33606**

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	BARBAS, STEPHEN
STREET ADDRESS	1802 W. CLEVELAND ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	P
NAME	BARBAS, RANDY
STREET ADDRESS	1802 W. CLEVELAND ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000485175
04/12/06-80073-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  1/15/06 813-284-6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #