

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M45117

1. Entity Name
R.R.R. CORPORATION



Principal Place of Business
5245 NW 36 ST
STE 224
MIAMI SPRINGS, FL 33166 US

Mailing Address
5245 NW 36 ST
STE 224
MIAMI SPRINGS, FL 33166 US



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2755109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERO, R
5245 NW 36 ST
224
MIAMI SPGS, FL 33166

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

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	PD
NAME	RIVERO, ROBERT
STREET ADDRESS	5245 NW 36 ST. #224
CITY - ST - ZIP	MIAMI SPRINGS, FL 33166
TITLE	VD
NAME	RIVERO, ROLAND
STREET ADDRESS	5245 NW 36ST., #224
CITY - ST - ZIP	MIAMI SPRINGS, FL 33166
TITLE	S
NAME	RIVERO, RITA
STREET ADDRESS	5245 NW 36 ST., #224
CITY - ST - ZIP	MIAMI SPRINGS, FL
TITLE	TD
NAME	BOIKO, BRUCE M.
STREET ADDRESS	1000 PONCE DE LEON BLVD, #224
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/04/06-80013-005 150.00

**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 Rita Rivero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 305-888-0467
Date Daytime Phone #