
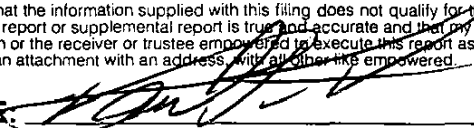


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90049 011 \*\*\*150.00

<b>DOCUMENT # P00000092803</b>					
<b>1. Entity Name</b> <b>R &amp; Y BROKERS, INC.</b>					
<b>Principal Place of Business</b> <b>RAUL URRRA</b> <b>20850 SW 216 STREET</b> <b>MIAMI, FL 33170</b>			<b>Mailing Address</b> <b>15600 SW 288TH ST., #201</b> <b>HOMESTEAD, FL 33033</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <b>20850 SW 216 ST</b>			
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>			
<b>City &amp; State</b>		<b>City &amp; State</b> <b>MIAMI FL</b>		<b>4. FEI Number</b> <b>65-1044793</b>	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> <b>33170</b>		<b>Country</b>		<b>6. Name and Address of Current Registered Agent</b> <b>GUEST, JAMES M</b> <b>15600 SW 288TH ST., #201</b> <b>HOMESTEAD, FL 33033</b>	
<b>7. Name and Address of New Registered Agent</b>				<b>Name</b> <b>RAUL URRRA</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>20850 SW 216 ST</b>				<b>City</b> <b>MIAMI</b>	
<b>State</b> <b>FL</b>				<b>Zip Code</b> <b>33170</b>	
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<b>DATE</b> <b>1/9/07</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DPT</b> <input type="checkbox"/> <b>Delete</b> <b>URRA, JR., RAUL</b> <b>21825 SW 212TH AVE.</b> <b>MIAMI, FL 33031</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVS</b> <input type="checkbox"/> <b>Delete</b> <b>URRA, YOEL L</b> <b>20980 SW 134TH ST.</b> <b>MIAMI, FL 33031</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVS</b> <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <b>Urre Yoel L</b> <b>19950 SW 228 ST</b> <b>MIAMI FL 33170</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>				
<b>12. I hereby certify that the information supplied with this filing does not qualify for any 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.</b>					
<b>SIGNATURE</b> 				<b>DATE</b> <b>1/9/07</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				<b>DAYTIME PHONE #</b> <b>(305) 242-9565</b>	