

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)




DOCUMENT # P01000010335
1. Entity Name
R.R. COURIER SERVICES, INC.

Principal Place of Business Mailing Address
1211 SHARAR AVE **1211 SHARAR AVE**
OPA-LOCKA FL 33054 **OPA-LOCKA FL 33054**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

FILED
05 OCT -3 P:12:35



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
65-1071976 Not Applicable

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

6. Name and Address of Current Registered Agent
ROSALES, RONY R
1211 SHARAR AVE
OPA-LOCKA FL 33054

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSALES, RONY R 1211 SHARAR AVE OPA-LOCKA FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900060189739 10/03/05--01069--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rony R. Rosales Date: 8/23/05 Daytime Phone #: 305-4506670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 20, 2005

To whom it may concern;

I'm writing this letter to inform you that in February '2005 I made a payment of \$150.00 to file the profit annual report; however I made an innocent mistake of making the payment payable to the department of revenue, instead of the department of state. Attach to this letter is a copy of the bank statement that shows that I made the payment to the wrong department. I spoke to one of your representatives and they told me to write this letter to you explaining the error occurred. Also she told me to make a new check for \$150.00 and that my \$400.00 late fee will be waived as long as I have proof, which is attached to this letter. I apologize for my inconvenience, and simple mistake. For any further questions please feel free to contact me Rony at (305)450-6670. Once again I apologize, and have a wonderful day.

Respectfully,



Rony Rosales, president
R & R Courier services Inc.