

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**PENDING**  
06-14-2004 90002 011 \*\*\*150.00  
P02000014161

**DOCUMENT # P02000014161**

1. Entity Name

RRR PROFESSIONAL SERVICES, INC.



**FILED**

04 JUL 28 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

5769 NO. ANDREWS WAY  
FORT LAUDERDALE FL 33309  
US

Mailing Address

5769 NO. ANDREWS WAY  
FORT LAUDERDALE FL 33309  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2992273**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, IRWIN H  
5769 NO. ANDREWS WAY  
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVINE, IRWIN H	
STREET ADDRESS	5769 NO. ANDREWS WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, DEBORAH	
STREET ADDRESS	5769 NO. ANDREWS WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Irwin H. Levine THOMAS DEBORAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-04

Date

954 229-0557

Daytime Phone #

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June 30, 2004

**FLORIDA DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Re: P2000014161

Dear Sir:

*I am in receipt of your letter, and am requesting that your office may give some consideration and abate the additional funds owed.*

*I personally never received the notice from the Department of State.*

*Please give some consideration and understanding and abate the additional amount.*

Sincerely,

  
IRWIN H. LEVINE