


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000105173

1. Entity Name
R & R HOLDING INVESTMENTS, INC.



Principal Place of Business Mailing Address

1025 SE 5TH STREET **5851 NW 35TH AVE.**
HIALEAH, FL 33010 **MIAMI, FL 33142**



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
02-0646067 Not Applicable

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

6. Name and Address of Current Registered Agent

ROMERO, MANUEL
5851 NW 35TH AVE.
MIAMI, FL 33142

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, MANUEL 5851 NW 35TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROMERO, IRAN 5851 NW 35TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICTORIA, LUIS 5851 NW 35TH AVE. MIAMI, FL 33142
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 03/23/07-80057-022 158.75

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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: *Manuel Romero* 3/9/07 (305) 638 1785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #