## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

# ANNUAL REPORT DOCUMENT # P02000114771

1. Entity Name R2Z INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1441 NW NORTH RIVER DRIVE MIAMI, FL 33125

1441 NW NORTH RIVER DRIVE MIAMI, FL 33125

### FILED Mar 30, 2007 8:00 am Secretary of State

03-30-2007 90139 042 \*\*\*150.00

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#### DO NOT WRITE IN THIS SPACE

03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0030228

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSADO, VIVIAN 3059 GRAND AVE, SUITE 340 COCONUT GROVE, FL 33133

#### DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent				1		iar with, and accept	
SIGNATURE⊆	Signature, typed or printed name of edustered agent and little	//Viou Roscal Mapplicable. (NOTE Registered		required when reinstating)	L 13,	2007 DATE		
	E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE  NAME  STREET ADDRESS ( CITY-ST-ZIP	DP ROSADO, VIVIAN 1441 NW NORTH RIVER DRIVE MIAMI, FL 33125							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSADO, CONCEPCION 1441 NW NORTH RIVER DRIVE MIAMI, FL 33125							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, CORALIA J 1441 NW NORTH RIVER DRIVE MIAMI, FL 33125		DO NOT WRITE					
TITLE NAME STREET AODRESS CITY-ST-ZIP	D ZELAYA, MARIA A 1441 NW NORTH RIVER DRIVE MIAMI, FL 33125			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exe	mptions co	ntained in Chapter 119	9, Florida Statu	ites. I further certify the	nat the information	

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

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

March 13, 2007 (305) 609-8528