

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000119500



1. Entity Name  
R & R BABY FOODS, INC.

Principal Place of Business  
80 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903

Mailing Address  
3323 PELICAN BLVD  
CAPE CORAL, FL 33914

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.  
80 Ponderla Rd  
City & State  
NORTH FORT MYERS  
Zip 33903

Suite, Apt. #, etc.  
80 Ponderla Rd  
City & State  
NORTH FORT MYERS  
Zip 33903

04102006 Chg-P CR2E034 (11/05)

4. FEI Number 46-0507932	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ-DIAZ, JAVIER  
3323 PELICAN BLVD  
CAPE CORAL, FL 33914

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 04/10/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HERNANDEZ-DIAZ, JAVIER  
STREET ADDRESS 3323 PELICAN BLVD  
CITY-ST-ZIP CAPE CORAL, FL 33914

Delete

TITLE VP  
NAME MADRID, JAIME  
STREET ADDRESS 2927 SE 5TH AVE  
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Apr 13, 2006 8:00 am  
Secretary of State**

04-13-2006 90310 021 \*\*\*150.00



4. FEI Number  
46-0507932

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For
	Not Applicable

7. Name and Address of New Registered Agent

Name JAIME MADRID.

Street Address (P.O. Box Number is Not Acceptable)

2927 SE 5TH AVE.

City Cape Coral.

FL Zip Code 33904

04/10/06.

DATE

04/10/06.

PRESIDENT.  
JAIME MADRID  
2927 SE 5TH AVE.  
Cape Coral FL 33904.

V.P.  
MARIAN MADRID  
2927 SE 5TH AVE  
Cape Coral FL 33904.

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

04/10/06 (239)458-4479.  
Date Daytime Phone #