## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 14, 2008 8:00 am Secretary of State DOCUMENT # P03000084167 03-14-2008 90030 042 \*\*\*150.00 R & O INVESTMENTS, INC. Principal Place of Business Mailing Address 5787-B NW 151 ST 5787-B NW 151 ST MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0297329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUANO, MARILYN O Street Address (P.O. Box Number is Not Acceptable) 16920 NW 83 CT MIAMI LAKES, FL 33014 City 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE Change ☐ Addition OLAZABAL, VICTOR M NAME. NAME STREET ADDRESS 19630 NW 84TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP DVP ☐ Delete TITLE ☐ Change Addition OLAZABAL, ELVIA NAME STREET ADDRESS 19630 NW 84TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition RUANO, ANEL NAME 16920 NW 83RD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUANO, MARILYN NAME NAME STREET ADDRESS 16920 83RD CT STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**