

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90236 010 ***150.00

DOCUMENT # P03000096453					
1. Entity Name MR & RR, INC.					
Principal Place of Business 110 GRANADA ST. ROYAL PALM BCH, FL 33411			Mailing Address 110 GRANADA ST. ROYAL PALM BCH, FL 33411		
2. Principal Place of Business 145 Cordoba Cir		3. Mailing Address 145 Cordoba Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 Chg-P CR2E034 (10/03)	
City & State Royal Palm Bch FL		City & State R.P. Bch FL		4. FEI Number 54-2127739	
Zip 33411		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUTHIER, RICKIE 110 GRANADA ST. ROYAL PALM BCH, FL 33411			7. Name and Address of New Registered Agent Name: <u>Rickie Routhier</u> Street Address (P.O. Box Number is Not Acceptable): <u>145 Cordoba Cir</u> City: <u>R.P. Bch</u> FL Zip Code: <u>33411</u>		
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: <u>[Signature]</u> DATE: <u>01/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME ROUTHIER, RICKIE STREET ADDRESS 110 GRANADA ST. CITY-ST-ZIP ROYAL PALM BCH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Routhier, Rickie STREET ADDRESS 145 Cordoba Cir CITY-ST-ZIP R.P. Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ROUTHIER, MICHELINE STREET ADDRESS 110 GRANADA ST. CITY-ST-ZIP ROYAL PALM BCH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Routhier, Micheline STREET ADDRESS 145 Cordoba Cir CITY-ST-ZIP R.P. Bch FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			Date: <u>01/12/05</u> Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					