2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000131337

1. Entity Name
R&R MORTGAGE ENTERPRISES, INC.

66430550

Principal Place of Business	Mailing Address
4322 CHIQUITA BLVD	4322 CHIQUITA BLVD
CAPE CORAL, FL 33914	CAPE CORAL, FL 33914

07082004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1623 SW 34th St.	1623 SW 34th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Cape Coral, FL	Cape Coral, FL

Zip 33914	Country Lee	Zip 33914	Country Lee

4. FEI Number **51-0489026**   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYES, RAUL	Name
4322 CHIQUITA BLVD	Street Address (P.O. Box Number is Not Acceptable)
CAPE CORAL, FL 33914	
	City FL 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 _____   DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00.
Due by September 8, 2004

9. Election Campaign Financing ☐
Trust Fund Contribution.

$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REYES, RAUL		NAME		
STREET ADDRESS	4322 CHIQUITA BLVD		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _Raul Reyes_   Raul Reyes, President   7/8/04   239-823-0919

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