

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90369 049 ***158.75

DOCUMENT # P03000133354

1. Entity Name
R & R SERVINST CORP.



Principal Place of Business
**6013 ROSEWOOD DR
TAMPA, FL 33615**

Mailing Address
**6013 ROSEWOOD DR
TAMPA, FL 33615**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0376890

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARAY, RODOLFO
6013 ROSEWOOD DR
TAMPA, FL 33615**

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME	D GARAY, RODOLFO
STREET ADDRESS CITY - ST - ZIP	6013 ROSEWOOD DR TAMPA, FL 33615
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Rodolfo Garay

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06 (813) 249-1482

DATE

Daytime Phone #