


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90090 014 ***150.00

DOCUMENT # P04000007843	
1. Entity Name F & R DEVELOPMENT SOLUTIONS, INC.	

Principal Place of Business 13505 BOCA CIEGA AVE. MADEIRA BEACH FL 33708	Mailing Address 13505 BOCA CIEGA AVE. MADEIRA BEACH FL 33708
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2. Principal Place of Business 6693 80th Ave N.	3. Mailing Address 6693 80th Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PINELLAS PARK, FL.	City & State PINELLAS PARK, FL.
Zip 33781	Country PINELLAS



1st MOORE CR2E034 (10/04)

4. FEI Number 55-0856258		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SVOBODA, GABRIELLA 13505 BOCA CIEGA AVE. MADEIRA BEACH FL 33708		
7. Name and Address of New Registered Agent Name MARCELA RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 6693 80th Ave. N. City PINELLAS PARK FL Zip Code 33781		

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  **MARCELA RODRIGUEZ** **02-14-2005**
Signature of agent or officer of registered agent and title if applicable (NOTE: Registered Agent signature required when reinitiating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005: Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, INES 13505 BOCA CIEGA AVE. MADEIRA BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President GABRIELLA SVOBODA 13505 BOCA CIEGA AVE. MADEIRA BEACH, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONOSO, JOSE T 13505 BOCA CIEGA AVE. MADEIRA BEACH FL 33708 <input checked="" 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	VD RODRIGUEZ, MARCELA 13505 BOCA CIEGA AVE. MADEIRA BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/VP MARCELA RODRIGUEZ 6693 80th Ave. N. PINELLAS PARK, FL 33781 <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:  **Marcela Rodriguez Sec. / Treas.** **02/14/2005** **712-547-9972**
Signature and typed or printed name of signing officer or director Date Daytime Phone #