




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000081058</b>			
1. Entity Name R & M CONSTRUCTION OF KEY WEST, INC.			
Principal Place of Business #1 WEST CYPRESS TERR. KEY WEST, FL 33040	Mailing Address #1 WEST CYPRESS TERR. KEY WEST, FL 33040		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1302073	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			<b>DO NOT WRITE IN THIS SPACE</b>
DAVILA, GREGORY D ESQ. 2505 FLAGLER AVE. KEY WEST, FL 33040			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000388987 01/20/06-80025-022 150.00	
TITLE	D		
NAME	RUIZ, MANUEL		
STREET ADDRESS	1 W. CYPRESS TERRACE		
CITY - ST - ZIP	KEY WEST, FL 33040		
TITLE	D		
NAME	FERNANDEZ, RAUL A		
STREET ADDRESS	15 WEST CYPRESS TERR.		
CITY - ST - ZIP	KEY WEST, FL 33040		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			
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: 		1-12-06 (305) 797-5601	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Manuel E. Ruiz		Date Daytime Phone #	