2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

If changed, or on an attachment with

SIGNATURE:

address, with

AND TYPED OR PRINTED

other like empowered

Mar 19, 2008 08:00 A Secretary of State DOCUMENT # P04000093970 1. Echty Name R & R PROPERTY ACQUISITIONS, INC. Principal Place of Business Mailing Address 17890 SW 264 ST 17890 SW 264 ST HOMESTEAD FL 33031 HOMESTEAD FL 33031 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 83-0407481 Not Applicable Zip Country $Z \cdot p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIBENEDETTO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 17890 SW 264 ST HOMESTEAD FL 33031 City 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. Signature, typed or certified leaner of inquistered agent and title if emphastic (NOTE: Registried Ager Le goalure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change U00000863770 DIBENEDETTO, RICHARD NAME NAME 04/03/08-80105-025 150.00 STREET ADDRESS 17890 SW 264TH STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33031 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP MILE ☐ Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-CT-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME намі STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZF CITY-ST-ZIP TITLE Deiete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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