2006 FOR PROFIT CORPORATION

Mar 06, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DÖCUMENT # P04000117103 R & N 2 INVESTMENTS INC. Principal Place of Business --- Mailing Address 5361 N DIXIE HIGHWAY 5361 N DIXIE HIGHWAY POMPANO SEACH, FL 33060 POMPANO BEACH, FL 33050 03032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1480990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARRAJ, MUHANNED DO NOT WRITE 5361 N DIXIE HIGHWAY POMPANO BEACH, FL 33064 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 1 am lamiliar 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DILE FARRAJ, MUHANNED NAME 5361 N DIXIE HIGHWAY STREET ADDRESS CHY-ST-ZP POMPANO BEACH, FL 33060 TITEF KHALIL, RAED NAME STREET ADDRESS 5361 N DIXIE HIGHWAY CITY-ST-ZIP POMPANO BEACH, FL 33060 THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP TITLE ΝΑΜΣ STREET ADORESS

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE: _

CRY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawline Phone #

FILED