

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90353 001 ****75.00
04-10-2006 90353 002 ****75.00

DOCUMENT # P04000153002

1. Entity Name
R & R INCLUSION, INC.



Principal Place of Business
**11411 NW 15 STREET
PEMBROKE PINES, FL 33026**

Mailing Address
**11411 NW 15 STREET
PEMBROKE PINES, FL 33026**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-P CR2E034 (11/05)

4. FEI Number
05-0611882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREENBERG, STEVEN M
110 SE 6TH STREET, STE. 1970
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name **Steven M Greenberg**
Street Address (P.O. Box Number is Not Acceptable)
11411 NW 15 St.

City **Pembroke Pines** FL **33026**

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

4/7/06

**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 | PT | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, REBECCA | |
| STREET ADDRESS | 3271 CORAL SPRINGS DRIVE | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | GREENBERG, ROBBY | |
| STREET ADDRESS | 11411 NW 15 STREET | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | VPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Williams, Rebecca | |
| STREET ADDRESS | 3271 Coral Springs Drive | |
| CITY-ST-ZIP | Coral Springs FL 33065 | |
| TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Greenberg, Robby | |
| STREET ADDRESS | 11411 NW 15 Street | |
| CITY-ST-ZIP | Pembroke Pines, FL 33026 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/06 954) 240-6313