


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000160939

1. Entity Name
R & R STRANO MANAGEMENT CORP.



Principal Place of Business
**75 PALM DR
 FLORIDA CITY, FL 33030**

Mailing Address
**P.O. BOX 343064
 FLORIDA CITY, FL 33034**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2071542	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

**ERNST, PHYLLIS
 75 PALM DR
 FLORIDA CITY, FL 33030**

DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000603105
 01/26/07-80118-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STRANO, ROSARIO P.O. BOX 343064 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STRANO, ROSARIA P.O. BOX 343064 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ERNST, PHYLLIS P.O. BOX 343064 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 807, 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: *Phyllis Ernst* 1/12/07 305 247 2362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #