## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 15, 2005 8:00 am Secretary of State

### STREET MANN, FL 33144  ### STREET MANN, FL 3	DOCUMENT # P04000163536  1. Entity Name RR SERVICES AND MANAGEMENT, INC.						05-02-20	05 90395 021 **	*155.00	
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City & State  Ci	2. Principal Place of Business		3. Mailing Address				00UF 010UF \$5UB 04UB 8		ENFERN M (BER	
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>-</u>	04272005	Chg-P	CR2E034 (10/03)	)	
S. Certification Suits News 1 Fee Required  8. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Norms  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foricts. I am familiar with, and accept the obligations of registered agent, or	City & State		City & State			4. FEI Number	19714	162 L -		
Charge and Address of Current Registered Agent   T. Name and Address of New Registered Agent	Zip Country		Zip Coun		У	5. Certificate	of Status Desired			
LINARES, RENATO 6473 SW 8 STREET MIAMI, FL 33144  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered either obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids.   [INTER NOWIT FEE IS \$150.00  [INTER	6. Name and Address of Current Registered Agent					7. Name and	Address of New			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	I MADEC DENATO				Name					
E. The above named entity submits this statement for the purpose of changing its registered opens, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signatur, need or prised name of inquared agent and the 4 applicable.   (HOTE Registered Agent sorters required name interesting to the prised Agent and the 4 applicable.   (HOTE Registered Agent sorters required name interesting to the prised Agent and the 4 applicable.   CATE	6473 SW 8 STREET				Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, location prised warmed in registered agent and that a spotsable.  (INTE: Registered Agent spread warmed in registered agent and that a spotsable.  (INTE: Registered Agent spread warmed in registered agent and that a spotsable.  (INTE: Registered Agent spread warmed in registered agent and that a spotsable.  (INTE: Registered Agent spread warmed in registered agent.  (INTE: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  (INTE: NAME	initiali, FE 33 (44									
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		<u> </u>							1.1	

recovery area are anomalous supprised with this control 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 it made under oath; that I am an officer or director of the corporation or the receiver of this tee proposered 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: \_

301 266 3434