

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90395 021 \*\*\*155.00

<b>DOCUMENT # P04000163536</b> 1. Entity Name <b>RR SERVICES AND MANAGEMENT, INC.</b>					
Principal Place of Business <b>6473 SW 8 STREET</b> <b>MIAMI, FL 33144</b>		Mailing Address <b>6473 SW 8 STREET</b> <b>MIAMI, FL 33144</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">66023063</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>04272005 Chg-P CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number  <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.1em;">20-1921497</div> </div> <div style="width: 35%; border: 1px solid black; padding: 2px;">         Applied For  <input checked="" type="checkbox"/> Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%; border: 1px solid black; padding: 2px;"> <b>\$8.75</b> Additional Fee Required       </div> </div>	
6. Name and Address of Current Registered Agent <b>LINARES, RENATO</b> <b>6473 SW 8 STREET</b> <b>MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINARES, RENATO		NAME		
STREET ADDRESS	6473 SW 8 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			04/25/05 305 266 3434 <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>		