

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000003951

1. Entity Name  
FF & RR OF PALM BEACH, INC.



Principal Place of Business  
157 LONGFELLOW DR  
LAKE WORTH, FL 33461

Mailing Address  
157 LONGFELLOW DR  
LAKE WORTH, FL 33461

**FILED  
Mar 12, 2007 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0661150	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

GONZALEZ, FRANCISCO  
157 LONGFELLOW DR  
LAKE WORTH, FL 33461

**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

\_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reniscing) \_\_\_\_\_ 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**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GONZALEZ, FRANCISCO  
STREET ADDRESS 157 LONGFELLOW DR  
CITY-ST-ZIP LAKE WORTH, FL 334612020

TITLE D  
NAME GONZALEZ, ROSA  
STREET ADDRESS 157 LONGFELLOW DR  
CITY-ST-ZIP LAKE WORTH, FL 334612020

TITLE VD  
NAME GONZALEZ, FRANK  
STREET ADDRESS 157 LONGFELLOW DR.  
CITY-ST-ZIP LAKE WORTH, FL 33461

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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03/22/07-80010-009 150.00

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IN THIS SPACE**

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: *Frank*

*Francisco Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #