

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000146160

1. Entity Name
R. R. ARTS, INC.



Principal Place of Business
4713 N. CLARK AVENUE
TAMPA FL 33614

Mailing Address
4713 N. CLARK AVENUE
TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
54-2187525

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

FERRER, RIGOBERTO
918 W. PLYMOUTH STREET
TAMPA FL 33603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

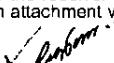
9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST-ZIP	PT RIGOBERTO, FERRER 918 NW PLYMOUTH ST TAMPA FL 33603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	U000000672571 03/28/07-80074-018 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	ST DIEGUES, RAFAEL 918 W PLYMOUTH ST TAMPA FL 33603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

3/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dele

Daytime Phone #