


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90013 044 \*\*\*150.00

<b>DOCUMENT # P06000005700</b>	
1. Entity Name <b>RRRR ENTERPRISES, INC.</b>	

Principal Place of Business <b>12719 NW 11TH PLACE SUNRISE FL 33323</b>	Mailing Address <b>12719 NW 11TH PLACE SUNRISE FL 33323</b>
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2. Principal Place of Business - No P.O. Box # <b>12719 N.W. 11th PL</b>	3. Mailing Address <b>12719 N.W. 11th PL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <b>Sunrise, FL</b>	City & State <b>Sunrise, FL</b>
Zip <b>33323</b>	Country
Country	Zip <b>33323</b>
Country	Country

4. FEI Number <b>11-3768149</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SMALL BUSINESS BOOKKEEPING SOLUTIONS, INC. 9860 NW 5TH PLACE PLANTATION FL 33324</b>	
7. Name and Address of New Registered Agent Name <b>Renee Samson</b> Street Address (P.O. Box Number is Not Acceptable) <b>12719 N.W. 11th Place</b> City <b>Sunrise</b> FL <b>33323</b>	

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 *Renee Samson* DATE 2/20/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST SAMSON, RENEE 12719 NW 11TH PLACE SUNRISE FL 33323 <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
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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: *Renee Samson* DATE 2/20/07 DAYTIME PHONE # 954-846-9187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR