


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 014 ***150.00

DOCUMENT # P06000074371	
1. Entity Name EAA RN INC	

Principal Place of Business 303 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33160 US	Mailing Address 303 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33160 US
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2. Principal Place of Business - No P.O. Box # 1491 SOUTHWEST 124 CT	3. Mailing Address 1491 SOUTHWEST 124 CT
Suite, Apt. #, etc. UNIT D	Suite, Apt. #, etc. UNIT D
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33184	Country US



03282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4980052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ACOSTA, ERNESTO A 303 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33160	7. Name and Address of New Registered Agent Name ACOSTA, ERNESTO A Street Address (P.O. Box Number is Not Acceptable) 1491 SOUTHWEST 124 CT, UNIT D City MIAMI FL Zip Code 33184
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, ERNESTO A 303 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, ERNESTO A 1491 SOUTHWEST 124 CT, UNIT D MIAMI, FL 33184 <input checked="" 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 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: Ernesto Acosta  04-25-07 (305) 303 9857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #