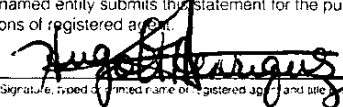
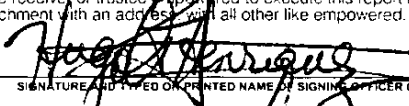


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000123794			
1. Entity Name R & N REAL ESTATE INVESTMENTS, INC.			
Principal Place of Business 8550 N SHERMAN CIR STE #208 MIRAMAR, FL 33025		Mailing Address 8550 N SHERMAN CIR STE #208 MIRAMAR, FL 33025	
2. Principal Place of Business - No P.O. Box # 3724 SW 70 Ave Suite, Apt. #, etc.		3. Mailing Address 3724 SW 70 Ave Suite, Apt. #, etc.	
City & State Miramar, FL Zip 33023 Country USA		City & State Miramar, FL Zip 33023 Country USA	
4. FEI Number 20-5661500		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRIQUEZ, HUGO A 8550 N SHERMAN CIR STE #208 MIRAMAR, FL 33025		7. Name and Address of New Registered Agent Name HUGO A. HENRIQUEZ Street Address (P.O. Box Number is Not Acceptable) 3724 3724 SW 70 Ave City MIRAMAR FL Zip Code 33023	
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 changing)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRIQUEZ, HUGO A 8550 N SHERMAN CIR STE #208 MIRAMAR, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRIQUEZ, HUGO 3724 SW 70 AVE MIRAMAR, FL 33023 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000109723050 09/20/07--01066--010 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 appointed 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: 		9/10/07 305-970-6468	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	