

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90056 005 ***150.00

DOCUMENT # P07000060111			
1. Entity Name TRIPPLE R ENTERTAINMENT, INC.			
Principal Place of Business 3003 NW 78TH ST. MIAMI, FL 33147		Mailing Address 3003 NW 78TH ST. MIAMI, FL 33147	
2. Principal Place of Business - No P.O. Box # 3003 NW 78th St		3. Mailing Address 3003 NW 78th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL 33147	
Zip 33147		Zip 33147	
Country		Country	
4. FEI Number 94-3215991		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TESMOND, JOSEPH G 2121 SW 3RD AVE., SUITE 100 MIAMI, FL 33129		7. Name and Address of New Registered Agent 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 <u>Joseph G. Tesmond</u> DATE <u>4-14-08</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	PDT BROWN, RICARDO 3003 NW 78TH ST. MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, LORRAINE 3003 NW 78TH ST. MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, KIMBERLY 3003 NW 78TH ST. MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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: <u>Ricardo Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-14-08</u> Daytime Phone # <u>786-443-2559</u>	