

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000060375

1. Entity Name
RLR ASSOCIATES INCORPORATED



Principal Place of Business
**12705 SW 66 TR DR
MIAMI, FL 33183**

Mailing Address
**12705 SW 66 TR DR
MIAMI, FL 33183**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

FILED
08 FEB 26 AM 9:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02202008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0223384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ROGER, RAFAEL L
12705 SW 66 TR DR
MIAMI, FL 33183**

7. Name and Address of New Registered Agent
Name: **CARLOS TRIAY F.S.R.**
Street Address (P.O. Box Number is Not Acceptable)
3750 NW 87 AVE ST 100
City: **DORAL** FL Zip Code: **33178**

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: DATE: **02/20/08**

(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 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	P ROGER, RAFAEL L 12705 SW 66 TR DR MIAMI, FL 33183 <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	01/31/08 90023 046 <input type="checkbox"/> Change <input type="checkbox"/> Addition #150.00
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: **RAFAEL ROGER** DATE: **02/20/08** Daytime Phone #: **(786) 344-0660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS