

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-22-2008 90023 019 ***158.75
P07000066416

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000066416

1. Entity Name
RR CACERES, INC.



Principal Place of Business
6871 WEST 4TH AVENUE
HIALEAH, FL 33014

Mailing Address
C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0373318

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IAI CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
D
CACERES, ROBERTO
STREET ADDRESS
6871 WEST 4TH AVENUE
CITY- ST- ZIP
HIALEAH, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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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:

Robert Caceres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Caceres, President

2/8/8

Date

(205)371-9213

Daytime Phone

207/9