2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P07000085047

Entity Name: F & R FAMILY ENTERPRISES INC.

Current Principal Place of Business:

3219 SW CONSTELLATION ROAD
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3219 SW CONSTELLATION ROAD
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-0609434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIBEIRO NETO, EROTIDES A
3219 SW CONSTELLATION ROAD
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD, STE A
BOX 1408473
DELTONA, FL 32725 US

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.

SIGNATURE: DEVIN NEWMAN FOR ALL FLORIDA FIRM 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: RIBEIRO NETO, EROTIDES A
Address: 3219 SW CONSTELLATION ROAD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VTD ( ) Delete
Name: RIBEIRO, MARILEIA F
Address: 3219 SW CONSTELLATION ROAD
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RIBEIRO NETO, EROTIDES A
Address: 3219 SW CONSTELLATION ROAD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP (X) Change ( ) Addition
Name: RIBEIRO, MARILEIA F
Address: 3219 SW CONSTELLATION ROAD
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVIN NEWMAN FOR EROTIDES RIBEIRO P 04/15/2009
Electronic Signature of Signing Officer or Director Date