## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 30, 2007 08:00 AM Secretary of State

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R & R HOLDINGS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1701 NW 62ND STREET

FORT LAUDERDALE, FL 33309

1701 NW 62ND STREET

FORT LAUDERDALE, FL 33309



04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0401440

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BONOPANE, RICHARD 1701 NW 62 ST FT LAUDERDALE, FL 33309

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	d Agent signature	Agent signature required when reinstating) OATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	000000740905 05/15/07-80007-018-150:00		
10.	OFFICERS AND DIREC	CTORS			naviaral nandi ato tanton		
TITLE	PD		1				
NAME	PETRUCCI, ROBERT H						
STREET ADDRESS	2941 NW 112TH AVENUE						
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		i		İ		
TITLE	PD		Ī				
NAME	BONOPANE, RICHARD A						
STREET ADDRESS	952 SE 9TH AVE						
CITY+ST-ZIP	POMPANO BEACH, FL 33060				İ		
TITLE	VP/S		1				
NAMH:	BONOPANE, JOAN A						
STREET ADDRESS	952 S.E. 9TH AVE		DO NOT WRITE				
CITY-ST-ZIP	POMPANO, FL 33060			טט	NOI WRITE		
TITLE	TD			INI .	THIS SPACE		
NAME	PETRUCCI, EVELYN B		IN THIS SPACE				
STREET ADDRESS	2941 NW 112 AVE		•				
CITY-ST-ZIP	CORAL SPRINGS, FL 33065						
TITLE							
NAME.							
STREET ADDRESS							
CITY-ST-ZIP							
DITLE							

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 Irustee 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.

NAME STREET ADDRESS CATY+ST-ZIP