2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000014067

1. Entity Name

R & R HOLDINGS MANAGEMENT, INC.



FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1701 NW 62ND STREET

FORT LAUDERDALE, FL 33309 US

1701 NW 62ND STREET

FORT LAUDERDALE, FL 33309 U



				01032008	1032008 No Chg-P		CR2E034 (11/05)	
	O NOT WRITE IN	VITHIS SPA	CE	4. FEI Numbe 65-040			Applied For Not Applicable	
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			A Windows	in Pend		A SE		
1701 NW 6 FT LAUDE	RDALE, FL 33309			INT	NOT WI THIS SP	ACE		
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								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		00 May Be ad to Fees					
10.	OFFICERS AND DIREC	TORS	45.43.81.457	:14:01:01 earn 18	· 通過電子工作機能	366 (1860)	3784883431 1 1488	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRUCCI, ROBERT H 2941 NW 112TH AVENUE CORAL SPRINGS, FL 33065				0000007 01/15/08-8	82752 0087+1	010 150:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONOPANE, RICHARD A 952 SE 9TH AVE POMPANO BEACH, FL 33060							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S BONOPANE, JOAN A 952 S.E. 9TH AVE POMPANO, FL 33060			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETRUCCI, EVELYN B 2941 NW 112 AVE CORAL SPRINGS, FL 33065			INT	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partiful that the information ounglied with this file					November 1		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/2008

954 172-2333

Daytime Phone #