


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000034620
 1. Entity Name
F & R INVESTMENTS CORPORATION



Principal Place of Business Mailing Address
4725 SW 8 ST **4725 SW 8 ST**
MIAMI, FL 33134 **MIAMI, FL 33134**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0423982 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
SARRIA, FRANCISCO
4725 SW 8TH
MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SARRIA, FRANCISCO 1700 GRANADA BLVD CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SARRIA, RICARDO 1700 GRANADA BLVD CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SARRIA, FEDERICO 1700 GRANADA BLVD CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SARRIA, MARIA DEL CARM 1700 GRANADA BLVD CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 07/29/04-80003-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **(X)**  **FRANCISCO SARRIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/04 (305) **441-9412**
Date Daytime Phone #