
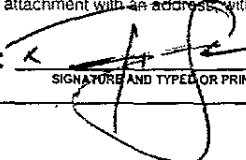


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000034620</b>		
1. Entity Name <b>F &amp; R INVESTMENTS CORPORATION</b>		
Principal Place of Business <b>4725 SW 8 ST MIAMI, FL 33134</b>	Mailing Address <b>4725 SW 8 ST MIAMI, FL 33134</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SARRIA, FRANCISCO 4725 SW 8TH MIAMI, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U000000398460 01/30/06-80094-021 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		
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		
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:  <b>FRANCISCO SARRIA</b> 1/19/06 (305) 441-9412 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		