

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

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



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

Mailing Address  
 4725 SW 8 ST  
 MIAMI, FL 33134



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0423982

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 01/16/07-80049-005150.00

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: Francisco Sarría 1/5/07 305)441-9412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #