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May 03, 2004 08:00 AM  
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Secretary of State

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000046566		
1. Entity Name RR 4 MARKETING GROUP, INC.		
Principal Place of Business 9044 SW 148 CT MIAMI, FL 33196	Mailing Address P.O. BOX 831477 MIAMI, FL 33283-1477	
<b>DO NOT WRITE IN THIS SPACE</b>		
04222004 No Chg-P CR2EQ34 (10/03)		
4. FEI Number 65-0598917		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  RODRIGUEZ, SR., RAFAEL L 9044 SW 148 CT MIAMI, FL 33196		<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: <u>Rafael L Rodriguez</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <u>04/25/2004</u> <small>DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, SR., RAFAEL L 9044 SW 148 CT MIAMI, FL 33196	<b>DO NOT WRITE IN THIS SPACE</b>  U00000152749 05/04/04-80099-006 155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO RODRIGUEZ, JR., RAFAEL L 24 CALABRIA AVE #6 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, RONALD 9044 SW 148 CT MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, ROBERT 9044 SW 148 CT MIAMI, FL 33196	
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 exemption stated in Section 119.07(3)(i), 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: <u>Rafael L Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>04/25/2004</u> 786-217-2739 <small>DATE DAY/MS/PHONE #</small>