

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000092153

1. Entity Name

TRIPLE R INVESTMENTS GROUP, INC.



Principal Place of Business

7240 S.W. 39 TERR
MIAMI, FL 33155

Mailing Address

7240 S.W. 39 TERR
MIAMI, FL 33155

FILED

04 JAN 15 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0630271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELOCCI, RALPH
349 CENTER ISLAND
GOLDEN BEACH, FL

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.

500027769825

01/29/04--01025--022 **150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VELOCCI, RALPH
STREET ADDRESS 349 CENTER ISLAND
CITY-ST-ZIP GOLDEN BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Division of Corporations

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Document Number

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Business Entity Name

TRIPLE R INVESTMENTS GROUP, INC.

FEI Number

650630271

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

7240 S.W. 39 TERR

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33155

Mailing Address

Address

7240 S.W. 39 TERR

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33155

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

VELOCCI

RALPH

-or- RA Business Name

Address

349 CENTER ISLAND

Suite, Apt. #, etc.

City, State

GOLDEN BEACH

FL

Zip Code & Country

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Business Entity Name

TRIPLE R INVESTMENTS GROUP, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	<input type="text" value="D"/>			
Name (Last, First, Middle, Title)	<input type="text" value="VELOCCI"/>	<input type="text" value="RALPH"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="349 CENTER ISLAND"/>			
City, State	<input type="text" value="GOLDEN BEACH"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			

City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
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-or- Entity Name	<input type="text"/>	
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City, State	<input type="text"/>	<input type="text"/>
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-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature 

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