


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90101 017 ***150.00

DOCUMENT # P98000025804 1. Entity Name MR. R. INTERNATIONAL SALES, INC.																			
Principal Place of Business 438 LINCOLN ROAD MIAMI BEACH, FL 33139		Mailing Address 438 LINCOLN ROAD MIAMI BEACH, FL 33139																	
2. Principal Place of Business - No P.O. Box # 408 Lincoln Road		3. Mailing Address 408 Lincoln Rd																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																	
City & State Miami Beach FL		City & State Miami Beach FL																	
Zip 33139	Country USA	Zip 33139	Country USA																
6. Name and Address of Current Registered Agent RAIJ, JOSE 438 LINCOLN ROAD MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 408 Lincoln Road City Miami Beach FL Zip Code 33139																	
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 reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. 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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: _____ 4/18/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																			

40076760



04132007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0845854
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required