2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 A Secretary of State

ANNUAL KEPUK I						
DOCUMENT # P980 1. Entity Name R & F PUBLISHING, INC.						
Principal Place of Business	Mailing Address					
13234 SW 131 ST. N/A MIAMI, FL 33186	13234 SW 131 ST. N/A MIAMI, FL 33186					



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01172008 No Chg-P CR2E034 (11/05)

5	Certificate of Status Desired	 \$8.7	 Additional
4.	FEI Number 65-0831755		 Applied For Not Applicable

6. Name and Address of Current Registered Agent

RICO, OSCAR 13234 SW 131 ST MIAMI, FL 33186

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered offi	ce or registered agent, or bo	oth, in the State of Florida. I	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent	signature required when reinstating)	0/	ATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			200, 3 k
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICO, OSCAR 13234 SW 131 ST. MIAMI, FL 33186			U00000790	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICO, EVA 13234 SW 131 ST. MIAMI, FL 33186			01/23/08-800	47-006 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPAC	CE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowere , or on an attachment with an address, with all	and accurate and that my signature shift to execute this report as required by	ons contained in Chapter 11: nall have the same legal effer chapter 607, Florida Statut	9, Florida Statutes. I further ct as if made under oath; thes; and that my name appe	certify that the information at I am an officer or director ars in Block 10 or Block 11 if