

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

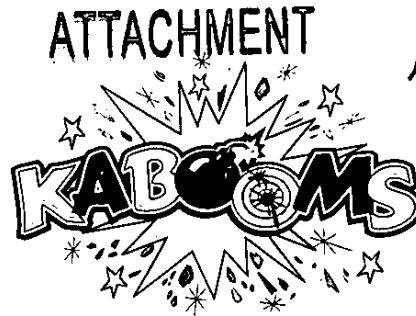
**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90002 008 \*\*\*150.00

**40094893**



<b>DOCUMENT # P98000085843</b> 1. Entity Name <b>R&amp;R ENTERTAINMENT GROUP, INC.</b>					
Principal Place of Business <b>9130 STATE RD 84</b> <b>DAVIE, FL 33324 US</b>			Mailing Address <b>9130 STATE RD 84</b> <b>DAVIE, FL 33324 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0869986</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BARBER, RICHARD A</b> <b>238 N. WESTMONTE DRIVE, #285</b> <b>ALTAMONTE SPRINGS, FL 32714</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>RICCI, AGNES C</b> <b>9130 STATE RD 84</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RINDONE, MICHELE M</b> <b>9130 STATE RD 84</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RINDONE, RAYMOND</b> <b>9130 STATE RD 84</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BECKER, WERNER</b> <b>9130 STATE RD 84</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WAHL, WILLIAM</b> <b>9130 STATE RD 84</b> <b>DAVIE, FL 33324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>				<b>6/2/06</b> <b>954-452-2800</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



40094893

## **AMUSEMENT AND PARTY CENTER**

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GAMES & PRIZES • ROLLER SKATING • ROLLER HOCKEY • PAINTBALL SHOOTING GALLERY*

June 2, 2006

*#P98020083843*

Atn: Ms. Tina Carter

Hello,

In reviewing the attached, the only item I could find missing was a signature on the actual report. Since I printed a form off the internet, I didn't have an original application. If there is anything additional missing, please contact me 954-452-2800 ext. 203.

Thank you for your assistance.

Michele Rindone

★ *Blast-into the Next Millenium!* ★

9130 STATE RD. 84 • DAVIE, FL 33324  
1.877.KABOOMS • 954.452.2800 • FAX: 954.452.9370 • [www.kabooms.com](http://www.kabooms.com)



ATTACHMENT 40094893

## Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

P98000085843

Business Entity Name

R&amp;R ENTERTAINMENT GROUP, INC.

FEI Number

650869986

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

9130 STATE RD 84

Suite, Apt. #, etc.

City, State

DAVIE

FL

Zip Code &amp; Country

33324

US

## Mailing Address

Address

9130 STATE RD 84

Suite, Apt. #, etc.

City, State

DAVIE

FL

Zip Code &amp; Country

33324

US

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

BARBER

RICHARD

A

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

238 N. WESTMONTE DRIVE, #285

Suite, Apt. #, etc.

City, State

ALTAMONTE SPRINGS

FL

Zip Code &amp; Country

32714

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

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#P98000085848

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title STD  
Name (Last, First, Middle, Title) RICCI AGNES C

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 9130 STATE RD 84  
City, State DAVIE FL  
Zip Code & Country 33324

Title VD  
Name (Last, First, Middle, Title) RINDONE MICHELE M

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 9130 STATE RD 84  
City, State DAVIE FL  
Zip Code & Country 33324

Title PD  
Name (Last, First, Middle, Title) RINDONE RAYMOND

- OR -

Entity Name to serve as Officer/Director \_\_\_\_\_

Street Address 9130 STATE RD 84  
City, State DAVIE FL  
Zip Code & Country 33324

Title VD