

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90186 023 ***150.00

DOCUMENT # P99000006641

1. Entity Name

TRIPLE R ACQUISITION CORP.



Principal Place of Business

6300 NE 1ST AVENUE
3RD FLOOR
FORT LAUDERDALE, FL 33334 US

Mailing Address

6300 NE 1ST AVENUE
3RD FLOOR
FORT LAUDERDALE, FL 33334 US

40080000



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0900616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L ESQ
1901 WEST CYPRESS CREEKROAD
SUITE 415
FORT LAUDERDALE, FL 33309

**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.

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, 2007 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 ROSCHMAN, ROBERT J
STREET ADDRESS 1759 SELOTH STREET
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

TITLE D
NAME ROSCHMAN, JEFFREY S
STREET ADDRESS 2511 DEL LAGO DRIVE
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ROSCHMAN

Date

Daytime Phone #