

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000080009</b> 1. Entity Name <b>R &amp; R MANUFACTURING GROUP, INC.</b>																											
Principal Place of Business <b>7880 W 20TH AVE #46 HIALEAH, FL 33016 US.</b>		Mailing Address <b>4344 PINE RIDGE COURT WESTON, FL 33331</b>																									
2. Principal Place of Business <b>2500 West 84 street</b> Suite, Apt. #, etc. <b>Box # 6</b> City & State <b>HIALEAH FL.</b> Zip <b>33016</b> Country <b>USA</b>		3. Mailing Address <b>4361 West Whitewater</b> Suite, Apt. #, etc. <b>Ave.</b> City & State <b>Weston FL.</b> Zip <b>33332</b> Country <b>USA</b>																									
4. FEI Number <b>65-0947428</b>		Chg-P <b>CR2E034 (11/05)</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>MARRERO, RUBEN</b> <b>7880 W 20TH AVE</b> <b>#46</b> <b>HIALEAH, FL 33016</b> <i>please update with new address.</i>																									
7. Name and Address of New Registered Agent Name <b>4361 West Whitewater Ave</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Weston</b> <b>FL</b> Zip Code <b>33332</b>		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 _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>MARRERO, RUBEN</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4344 PINE RIDGE COURT</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>WESTON, FL 33331</b></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>MARRERO, RUBEN</b>		STREET ADDRESS	<b>4344 PINE RIDGE COURT</b>		CITY - ST - ZIP	<b>WESTON, FL 33331</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>200066380662</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>02/22/06--01020--021</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>**100.00</b></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>200066380662</b>		STREET ADDRESS	<b>02/22/06--01020--021</b>		CITY - ST - ZIP	<b>**100.00</b>	
TITLE	NAME	<input type="checkbox"/> Delete																									
NAME	<b>MARRERO, RUBEN</b>																										
STREET ADDRESS	<b>4344 PINE RIDGE COURT</b>																										
CITY - ST - ZIP	<b>WESTON, FL 33331</b>																										
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	<b>200066380662</b>																										
STREET ADDRESS	<b>02/22/06--01020--021</b>																										
CITY - ST - ZIP	<b>**100.00</b>																										
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, in all other like empowered.		SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																									
Date <b>2-08-06</b> (305) <b>804-4358</b>		Daytime Phone #																									