


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90021 001 ***150.00
 03-13-2007 90021 002 *****8.75

DOCUMENT # P00000103365

1. Entity Name
R.R. TRANSPORT & INVESTMENTS, INC.



Principal Place of Business
**6958 GLENWOOD LANE
 HANOVER PARK IL 60133**

Mailing Address
**6958 GLENWOOD LANE
 HANOVER PARK IL 60133**



2. Principal Place of Business - No P.O. Box #
6958 GLENWOOD Ln.

3. Mailing Address
6958 GLENWOOD Ln.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
HANOVER PARK IL.

City & State
HANOVER PARK IL.

Zip
60133

Country
USA

4. FEI Number **65-1053636**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TACHA, MARIA C
 15783 NW 10TH STREET
 PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **TACHA, MARIA C.**

Street Address (P.O. Box Number is Not Acceptable)
15783 NW 10TH STREET

City **PEMBROKE PINES FL** Zip Code **33028**

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 *Maria Cristina Tacha* (NOTE: Registered Agent signature required when reinstating)

DATE **2-28-07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, ALBERTO G PD 6958 GLENWOOD LANE HANOVER PARK IL 60133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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 another like empowered.

SIGNATURE: *Alberto Ruiz*

02-28-07