


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 014 ***150.00


DOCUMENT # P06000074371

1. Entity Name
EAA RN INC



Principal Place of Business Mailing Address
303 ATLANTIC ISLE **303 ATLANTIC ISLE**
SUNNY ISLES BEACH, FL 33160 US **SUNNY ISLES BEACH, FL 33160 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1491 SOUTHWEST 124 CT **1491 SOUTHWEST 124 CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT D **UNIT D**
 City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33184 **US** **33184** **US**



03282007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4980052 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ACOSTA, ERNESTO A
303 ATLANTIC ISLE
SUNNY ISLES BEACH, FL 33160

Name
ACOSTA, ERNESTO A
 Street Address (P.O. Box Number is Not Acceptable)
1491 SOUTHWEST 124 CT, UNIT D
 City State Zip Code
MIAMI **FL** **33184**

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.

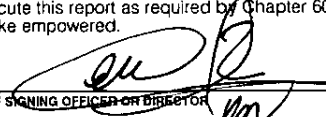
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, ERNESTO A	NAME	ACOSTA, ERNESTO A
STREET ADDRESS	303 ATLANTIC ISLE	STREET ADDRESS	1491 SOUTHWEST 124 CT, UNIT D
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	CITY-ST-ZIP	MIAMI, FL 33184
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Ernesto Acosta**  Date: **04-25-07** Daytime Phone #: **(305) 303 9857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #