


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 042 ***158.75

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1. Entity Name
 RUIZ PROPERTY MANAGEMENT, INC.



Principal Place of Business
 61 NW 108 ST
 MIAMI SHORES, FL 33168

Mailing Address
 61 NW 108 ST
 MIAMI SHORES, FL 33168

40022003



2. Principal Place of Business - No P.O. Box #
 390 NE 107 St
 Suite, Apt. #, etc.

3. Mailing Address
 390 NE 107 St
 Suite, Apt. #, etc.

02192007 Chg-P CR2E034 (12/06)

City & State
 Miami Shores, FL

City & State
 Miami Shores, FL

Zip
 33161

Country
 U.S.A.

4. FEI Number
 41-2087547

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, ALFREDO
 61 NW 108 ST
 MIAMI SHORES, FL 33168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when certifying)

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 D | RUIZ, ALFREDO 445 NW 125TH STREET NORTH MIAMI, FL 33168 | TITLE D | Alfredo Ruiz 390 NE 107 St Miami Shores, FL 33161-7175 |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE VP | GONZALEZ, MARIA T 61 NW 108 ST. MIAMI SHORES, FL 33168 | TITLE VP | Maria T. Gonzalez 390 NE 107 St. MIAMI SHORES, FL 33161-7175 |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| 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: Alfredo Ruiz  02/19/2007 305-333-4682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #