

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90023 004 \*\*\*150.00



**DOCUMENT # P03000046504**  
1. Entity Name  
**RUIZMA INC.,**

Principal Place of Business      Mailing Address  
12475 SW 195TH      12475 SW 195TH  
MIAMI FL 33177      MIAMI FL 33177



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**01-0795705**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**RUIZ, ROMINA**  
**12475 SW 195TH**  
**MIAMI FL 33177**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

B. 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, 2006 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	P	<input type="checkbox"/> Delete
NAME	RUIZ, MARIA T	
STREET ADDRESS	12475 SW 195TH	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIOL, REMBRANDT R	
STREET ADDRESS	12475 SW 195TH	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUIZ, ROMINA	
STREET ADDRESS	12475 SW 195TH	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUIZ, RAPHAEL	
STREET ADDRESS	12475 SW 195TH	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, REMBRANDT	
STREET ADDRESS	12475 SW 195 ST	
CITY-ST-ZIP	MIAMI-FL 33177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

**SIGNATURE:** *Teresa Ruiz*      01-29-2006 (305) 256-2594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #