


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90387 006 \*\*\*158.75

**DOCUMENT # P93000006468**

1. Entity Name  
RUIZ OF MIAMI CORP.



Principal Place of Business      Mailing Address

1770 NW 183RD ST      1770 NW 183RD ST  
MIAMI, FL 33056 US      MIAMI, FL 33056 US

**24034795**



03162004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>65-0520953  | Applied For.<br>Not Applicable        |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

RUIZ, RAFAEL  
1770 NW 183RD ST  
MIAMI, FL 33056

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                 |                  |
|-----------------|------------------|
| TITLE           | PD               |
| NAME            | RUIZ, RAFAEL     |
| STREET ADDRESS  | 1770 NW 183RD ST |
| CITY - ST - ZIP | MIAMI, FL 33056  |
| TITLE           | STD              |
| NAME            | RUIZ, ANTONIO    |
| STREET ADDRESS  | 1770 NW 183RD ST |
| CITY - ST - ZIP | MIAMI, FL 33056  |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rafael Ruiz*      Raphael Ruiz      President      3/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #