


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000006468**  
 1. Entry 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



01112008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0520953      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RUIZ, RAFAEL  
 1770 NW 183RD ST  
 MIAMI, FL 33056

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

000000791570  
 01/23/08-80080-014 158.75

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	

**DO NOT WRITE IN THIS SPACE**

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: Rafael Ruiz      Rafael Ruiz      1/11/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #