

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90179 031 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000093162			
1. Entity Name RUHLING CORP.			
Principal Place of Business 9718 N.E. 2ND AVENUE MIAMI SHORES, FL 33138 US		Mailing Address 9718 N.E. 2ND AVENUE MIAMI SHORES, FL 33138	
2. Principal Place of Business 305 NE 91 ST Suite, Apt. #, etc.		3. Mailing Address 305 NE 91 ST Suite, Apt. #, etc.	
City & State Miami Shores FL Zip 33138 Country US		City & State Miami Shores FL Zip 33138 Country US	
4. FEI Number 88-0636373		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, CHRISTOPHER P 11098 BISQAYNE BOULEVARD SUITE 205 MIAMI, FL 33161		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DOWSON, NANCY 9718 N.E. 2ND AVENUE MIAMI SHORES, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: 		Date: 4/30/2004 Daytime Phone: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			