


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90316 001 \*\*\*150.00

|   |                       |  |   |  |  |
|---|-----------------------|--|---|--|--|
| DOCUMENT # P99000067578   |                       |  |   |         |  |
| 1. Entity Name<br>RUBI TOOLS USA, INC.  |                       |  |   |  |  |
| Principal Place of Business<br>9900 NW 21 STREET<br>MIAMI, FL 33172   |                       |  | Mailing Address<br>9900 NW 21 STREET<br>MIAMI, FL 33172 |  |  |
| 2. Principal Place of Business  |                       | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                       | City & State   |   | 4. FEI Number<br>65-0940290  |  |
| Zip   |                       | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                       | 7. Name and Address of New Registered Agent                                      |   |  |  |
| MARTIN, MIGUEL A<br>848 BRICKELL AVENUE<br>SUITE 830<br>MIAMI, FL 33131   |                       | Name   |   |  |  |
|   |                       | Street Address (P.O. Box Number is Not Acceptable)                               |   |  |  |
|   |                       | City   |   |  |  |
|   |                       | <b>FL</b>  |   | 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 _____   |                       |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | CHM                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition  |
| NAME  | TORRENTS COMAS, JOSEP |  | NAME  |  |  |
| STREET ADDRESS  | 9900 NW 21 STREET     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33172       |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition  |
| NAME  | BOADA CATASUS, ROSA M |  | NAME  |  |  |
| STREET ADDRESS  | 9900 NW 21 STREET     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33172       |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition  |
| NAME  | BOADA ARAGONES, PERE  |  | NAME  |  |  |
| STREET ADDRESS  | 9900 NW 21 STREET     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33172       |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition  |
| NAME  | PUEYO FLAQUE, MANUEL  |  | NAME  |  |  |
| STREET ADDRESS  | 9900 NW 21 STREET     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33172       |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition  |
| NAME  | MUNNE GUSTEMS, JOSEP  |  | NAME  |  |  |
| STREET ADDRESS  | 9900 NW 21 STREET     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33172       |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                     | <input checked="" type="checkbox"/> Delete                                       | TITLE   | Director   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | JACOBO, FRANCISCO O   |  | NAME  | Francisco Chaviano   |  |
| STREET ADDRESS  | 3311 NW 82ND AVE      |  | STREET ADDRESS  | 9900 NW 21 Street  |  |
| CITY-ST-ZIP   | MIAMI, FL 33122       |  | CITY-ST-ZIP   | Miami, Florida 33172   |  |
| 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: <i>Josep Torrents Comas</i>  |                       | Date: <i>4/7/05</i>  |   | Daytime Phone #: <i>(305)374-4422</i>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                       |  |   |  |  |