

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 05, 2006
Secretary of State**

DOCUMENT# P99000067578

Entity Name: RUBI TOOLS USA, INC.

Current Principal Place of Business:

9900 NW 21 STREET
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

9900 NW 21 STREET
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0940290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADWAR, RENEE ESQ
848 BRICKELL AVENUE
SUITE 830
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CHM () Delete
Name: TORRENTS COMAS, JOSEP
Address: 9900 NW 21 STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: BOADA CATASUS, ROSA M
Address: 9900 NW 21 STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: BOADA ARAGONES, PERE
Address: 9900 NW 21 STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: PUEYO FLAQUE, MANUEL
Address: 9900 NW 21 STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: MUNNE GUSTEMS, JOSEP
Address: 9900 NW 21 STREET
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KNOX, ROBERT
Address: 9900 NW 21ST STREET
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KNOX

G M

06/05/2006

Electronic Signature of Signing Officer or Director

_____ Date