

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC



04202006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000067578
 1. Entity Name
RUBI TOOLS USA, INC.



Principal Place of Business Mailing Address
9900 NW 21 STREET **9900 NW 21 STREET**
MIAMI, FL 33172 **MIAMI, FL 33172**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0940290 Not Applicable

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

6. Name and Address of Current Registered Agent
MARTIN, MIGUEL A
848 BRICKELL AVENUE
SUITE 830
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **Renee Adwar, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
Renee Adwar, P.A.
848 Brickell Ave, Suite 830
 City **Miami** **FL** Zip Code **33131**

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 **4/20/06**

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May 5, 2006 Added to Fees

100075656731
 02/06--01011--002 **200.00

10. OFFICERS AND DIRECTORS	
TITLE	CHM <input type="checkbox"/> Delete
NAME	TORRENTS COMAS, JOSEP
STREET ADDRESS	9900 NW 21 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	BOADA CATASUS, ROSA M
STREET ADDRESS	9900 NW 21 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	BOADA ARAGONES, PERE
STREET ADDRESS	9900 NW 21 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	PUEYO FLAQUE, MANUEL
STREET ADDRESS	9900 NW 21 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	MUNNE GUSTEMS, JOSEP
STREET ADDRESS	9900 NW 21 STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CHAVIANO, FRANCISCO
STREET ADDRESS	9900 NW 21 STREET
CITY-ST-ZIP	MIAMI, FL 33172

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Manuel Pueyo** Date **April 20th 2006** Daytime Phone # **305.374.4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR