2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 18, 2007 8:00 am Secretary of State

DOCUMEN I # 111562 1. Entity Name RUBIN BROS., INC.								07-18-200′	7 90045 ()35 ***15	60.00
Principal Place of Business P.O. BOX 3810				Mailing Address P.O. BOX 3810							
FT. PIERCE, FL 34948 US				FT. PIERCE, FL 34948 US				ICNISSI ICPAL BINIA BINIA	P) \$18(1 813) 818		
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				Chg-P	CR2E0	34 (12/06)	
City & State			C	City & State			4. FEI Numb 59-043				plied For t Applicable
Zip				Zip Coun		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
RUBIN,ARTHUR H BOX 3810 FORT PIERCE, FL 34948					Street Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Code	e
	named entit ons of regis	y submits this statement tered agent.	for the p	urpose of changing its	s register	ed office or regi	istered agent, or bo	oth, in the State of F	lorida. Lam	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered age	nt and title if	applicable (NOT	TE Registeré	d Agent signature rec	quired when reinstating)		DATE		
	1	<u> </u>				······································					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 Trust Fund Contribution.							\$5.00 May Be Added to Fees	In accordance corporation die	with s. 607 d not receiv	'.193(2)(b), e the prior r	F.S., the notice.
10.		OFFICERS AN	D DIREC		11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE	PD A	DTUUD		☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS	RUBIN, A					EET ADDRESS					
CITY-ST-ZIP		ERCE, FL 34948			CITY	-ST-ZIP					
TITLE				☐ Delete	TITL	E				☐ Change	Addition :
NAME					NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITL	E				Change	Addition .
NAME				_ 5555	NAM	1E					
STREET ADDRESS 1						EFT ADDRESS '- ST- ZIP					
TITLE				☐ Delete	TITL					☐ Change	Addition
NAME					NAM						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
TITLE				☐ Delete	TITL	E				☐ Change	Addition
NAME					NAM	1E					
STREET ADDRESS						EET ADDRESS '-ST-ZIP					
CHTY-ST-ZIP	·			□ Poleto	TITL					☐ Change	☐ Addition
TITLE NAME				☐ Delete	NAM					change	
STREET ADDRESS	1					EET ADDRESS					
CITY-ST-ZIP		-				'-ST-ZIP					
I of the cor	notation of t	ne information supplied wort or supplemental report the receiver or trustee entachment with an address	TOOWATA	TO EXECUTE THIS FEDOR	Tas recu	emptions conta ature shall have ired by Chapter	ained in Chapter 11 the same legal effe r 607, Florida Statut	 Florida Statutes. as if made unde es; and that my naid 	. I further cer r oath; that I me appears i	tify that the in am an officer in Block 10 or	nformation or director r Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: