## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 204609**

Entity Name: RUBIN CONTRACTING COMPANY

FILED Jan 14, 2009 Secretary of State

Littly Na	ille. ROBIN CC	DIVIRACTING COMPANT				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	BURY'S WAY LM BEACH, FL	33411				
Current Mailing Address:			New Mailing Address:			
P.O. BOX	BURY'S WAY 15065 LM BEACH, FL	33416				
FEI Number	:	FEI Number Applied For ( )	FEI Number Not App	icable (X)	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address o	of New Registered Agent:	
<b>101 SANS</b>	N, JOHN A. BURY WAY LM BEACH, FL	33416 US				
The above in the State	e named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electroni	c Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () VECELLIO, LEO 210 VIA DEL MA PALM BEACH, F	R	Title: Name: Address: City-St-Zip:	PD VECELLIO, 589 N. COU PALM BEAC		
Title: Name: Address: City-St-Zip:	ST () DEFREHN, JOH 6500 N. MILITAF WEST PALM BE	RY TRAIL # 14	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () VECELLIO, CHR 742 SLOPE TRA PALM BEACH, F	IL .	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VP ()	Delete	Title:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN A DEFREHN ST 01/14/2009

VECELLIO, MICHAEL A

232 WEST INDIES DRIVE

PALM BEACH, FL 33480

Name:

Address:

City-St-Zip: