

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90012 027 \*\*\*158.75

**44001121**



01062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 220798</b>					
1. Entity Name RUBY BUILDERS, INC.					
Principal Place of Business 3939 SILVER STAR ROAD P.O. BOX 680099 ORLANDO, FL 32868-7099			Mailing Address 3939 SILVER STAR ROAD P.O. BOX 680099 ORLANDO, FL 32868-7099		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0863156	
Applied For Not Applicable		5. Certificate of Status Desired <b>XX</b>		\$8.75 Additional Fee Required.	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUBERMAN, ALEC 3939 SILVER STAR ROAD ORLANDO, FL 32808			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUBERMAN, IRWIN		NAME		
STREET ADDRESS	4036 ANCHOR WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUBERMAN, ALEC		NAME		
STREET ADDRESS	1147 DELRIDGE AVE.		STREET ADDRESS	P.O. Box 547234	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32854	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUBERMAN, LEE		NAME		
STREET ADDRESS	4168 PLAYER CIR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUBERMAN, RONALD		NAME		
STREET ADDRESS	111 COVE COLONY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Lee Suberman</i> Lee Suberman			1/9/04		407-293-8217
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>