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305-5.45-4595 Deytime Phone #

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: BOWN BOTTED TAME OF SIGNATURE OF

DOCUMENT # 320591  1. Entity Name BARNEY W. RUTZKE, INC.			FILED		
				07 FEB 15 AM 8: 54	
Principal Place of Business         Mailing Address           17855 SW 248TH ST         17855 SW 248TH ST           HOMESTEAD, FL 33031         HOMESTEAD, FL 33031			SECRETARY OF STATE FACE AHASSEE, FLORIDA		
•					
. D	O NOT WRITE	IN THIS SPA	CE	01112007 No Chg-P CR2E034 (11/05)	
				59-1173528 Not Applicable	
6. Name and Address of Current Registered Agent			1	5. Certificate of Status Desired Fee Required	
RUTZKE I	BARNEY W			DO NOT WRITE	
17855 SW 248TH ST HOMESTEAD, FL 33031			DO NOT WRITE		
			IN THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees 500 May Be 02/21/0701026024 **350.00					
10. OFFICERS AND DIRECTORS					
titl <del>e</del> Name	PST RUTZKE, BARNEY W				
STREET ADDRESS CITY-ST-ZIP	PO BOX 700129 MIAMI, FL 33170				
TITLE	VP VP		-		
NAME STREET ADDRESS	RUTZKE, BARNEY W JR 25350 SW 193 AVE				
CITY-ST-ZIP	HOMESTEAD, FL		4		
TITLE NAME			l		
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE				IN THIS SPACE	
NAME STREET ADDRESS					
CITY-ST-ZIP			_		
TITLE NAME					
STREET ADDRESS City-St-ZIP					
TITLE			1		
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.					