


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90341 007 \*\*\*150.00

<b>DOCUMENT # 596958</b>	
1. Entity Name <b>RUBY INTERNATIONAL, INC.</b>	

Principal Place of Business <b>261 N.E. 1ST STREET 6TH FLOOR MIAMI FL 33132</b>	Mailing Address <b>PO BOX 110440 MIAMI FL 33111 US</b>
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2. Principal Place of Business <b>261 N.E. 1ST STREET</b>	3. Mailing Address <b>261 N.E. 1ST STREET</b>
Suite, Apt. #, etc. <b>SUITE 200</b>	Suite, Apt. #, etc. <b>SUITE 200</b>
City & State <b>MIAMI</b>	City & State <b>MIAMI FL.</b>
Zip <b>FL 33132</b>	Country <b>U.S.A.</b>
Zip <b>33132</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>59-1866602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ALI, SYED NISHAT 261 NE 1ST STREET 6TH FLOOR MIAMI FL 33132</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>261 NE. 1ST STREET SUITE 200</b> City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALI, SYED NISHAT</b> <b>261 NE 1ST STREET</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>261 NE. 1ST STREET # 200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>JAMAL, ABDUL S.</b> <b>261 NE 1ST STREET</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>261 NE. 1ST STREET # 200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>JAMAL, SHAH BEGUM</b> <b>261 NE 1ST STREET</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>261 NE. 1ST STREET # 200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>AMIN, JAMAL</b> <b>261 NE 1ST ST</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>261 N.E. 1ST STREET # 200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

**SIGNATURE:**  (SECRETARY) **04.13.04** **305-374-1498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (SYED NISHAT ALI) Date Daytime Phone #