


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 665262 1. Entity Name RUBESA INTERNATIONAL INCORPORATED	
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Principal Place of Business 410 16TH ST MIAMI BCH, FL 33139	Mailing Address 410 16TH ST MIAMI BCH, FL 33139
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2084853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DATORRE, ROBERTO
412-16TH STREET
MIAMI BEACH, FL 33139**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DA TORRE, PEDRO PAN 410 16 ST MIAMI BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DATORRE, ROBERTO 410-16TH ST MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BODDING, HELMUT 410 16 ST MIAMI BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DATORRE, TOMAS 410-16TH STREET MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

UN00000033461
03/22/04-80019-011 150.00

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:  **PEDRO PAN DATORRE 3/18/04** **305-5315493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #