


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>F78091</u>				FILED 05 SEP -7 PH 2:51 SEC. OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <u>Ruth's Custom Bedspreads Inc.</u>					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <u>1439 N.E. 13th Ave</u>			3. Mailing Address <u>Same</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Fort Lauderdale FL</u>			City & State		
Zip <u>33304</u>		Country <u>Bahamas</u>		4. FEI Number <u>59-2228792</u>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name <u>Allie Delons</u>	
				Street Address (P.O. Box Number is not Acceptable) <u>1812 NW 15th St</u>	
				City <u>Fort Lauderdale</u> FL Zip Code <u>33311</u>	
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 <u>Allie Delons</u> <u>8/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE <u>President</u>		TITLE		DO NOT WRITE IN THIS SPACE	
NAME <u>Allie Delons</u>		NAME			
STREET ADDRESS <u>1812 NW 15th St</u>		STREET ADDRESS			
CITY-ST-ZIP <u>Fort Lauderdale FL 33311</u>		CITY-ST-ZIP			
TITLE		TITLE		DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Allie Delons</u> <u>8/29/05</u> <u>954-565-4444</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034B (12/02)