

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90280 027 ***150.00

DOCUMENT # G77582

1. Entity Name
HUMBERTO E. RUIZ & ASSOCIATES, CO.



Principal Place of Business

6971 N FEDERAL HWY
SUITE 462
BOCA RATON, FL 33487 US

Mailing Address

6971 N FEDERAL HWY
SUITE 462
BOCA RATON, FL 33487 US

2. Principal Place of Business

100 NE SPANISH RIVER BLVD

Suite, Apt. #, etc.

SUITE 5

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Address

100 NE SPANISH RIVER BLVD

Suite, Apt. #, etc.

SUITE 5

City & State

BOCA RATON, FL

Zip

33431

Country

U.S.A.



04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2350220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUIZ, HUMBERTO E.
6971 N FEDERAL HWY
SUITE 402
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

100 NE SPANISH RIVER BLVD

Suite, Apt. #, etc.

SUITE 5

City

BOCA RATON

FL

Zip Code

33431

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

HUMBERTO E. RUIZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RUIZ, HUMBERTO E**
STREET ADDRESS **790 NE 73 ST**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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:

HUMBERTO E. RUIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #