

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-29-2004 90280 027 \*\*\*150.00



<b>DOCUMENT # G77582</b>			
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 300 NE SPANISH RIVER BLVD SUITE 5 BOCA RATON, FL 33431 USA		3. Mailing Address 300 NE SPANISH RIVER BLVD SUITE 5 BOCA RATON, FL 33431 U.S.A.	
4. FEI Number 59-2350220		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RUIZ, HUMBERTO E. 6971 N FEDERAL HWY SUITE 462 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name 300 NE SPANISH RIVER BLVD SUITE 5 BOCA RATON FL 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: <u>Humberto E. Ruiz</u> DATE: <u>4/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, HUMBERTO E 790 NE 73 ST BOCA RATON, FL 33487 <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
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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: <u>Humberto E. Ruiz</u>		Date: <u>4/27/04</u>	Daytime Phone #: <u>561-395-2295</u>