

**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  
**300 NE SPANISH RIVER BLVD**  
 Suite, Apt. #, etc.  
**SUITE 5**

3. Mailing Address  
**300 NE SPANISH RIVER BLVD**  
 Suite, Apt. #, etc.  
**SUITE 5**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

Zip  
**33431** Country  
**USA**

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 462**  
**BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name  
**RUIZ, HUMBERTO E.**

Street Address (P.O. Box Number is Not Acceptable)  
**300 NE SPANISH RIVER BLVD**

**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* DATE *4/27/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>RUIZ, HUMBERTO E</b><br><b>790 NE 73 ST</b><br><b>BOCA RATON, FL 33487</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 all other like empowered.

SIGNATURE: *Humberto E. Ruiz* Date *4/27/04* Daytime Phone # *561-395-2295*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR