2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Ruban Conzales SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OF

					1	<del>,                                     </del>		E 1 04 0	004 0	0.00	A 76 # .
DOCUMENT # J15147 1. Entity Name							à	Feb 24, 2004 08:00 AM Secretary of State			
RUBEN'S	SALOON,	ACKAGE, II	AGE, INC.								
Principal Plac	e of Business		Mailin	g Address			_				
% RUBEN GONZALES 2100 DOG TRACK ROAD PENSACOLA FL 32506			2100	% RUBEN GONZALES 2100 DOG TRACK ROAD PENSACOLA FL 32506							
						<u> </u>					
2. Principal Place of Business				3. Mailing Address							
Suite, Apt.			Suite, Apt. #, etc.  City & State				MOORE	CR2E034		-0-1e	
City & State  Zip Country				Zip Country			4. /	59-272809		No	plied For t Applicable
ΔIP	Zip Country		Lip	250		шу	5. (	Certificate of Status Desired		8.75 Add see Required	
	6. Name a	nd Address of Cur	rent Registere	red Agent_			7. N	7. Name and Address of New Registered Agent			
GONZALES, RUBEN 2100 DOG TRACK ROAD PENSACOLA FL 32506						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
PENSACULA FL 32006						1					
						City	FL Zip Code				€
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 Bonda. I am familiar with, and accept											
the obligations of registered agent.											
Signature: typed or printed name of registered agont and title // applicable. (NOTE Registered Agent signature required whon reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00								9. Election Campaign F	inancina	<b>ድ</b> ፍ በ	<b>0</b> May Be
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State								Trust Fund Contributi			to Fees
18.							AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	SIN 11
TITLE	· · · · · · · · · · · · · · · · · · ·			☐ Delete ##LEE NAME STRE				☐ Change ☐ Addition U00000064330 — U2/24/04~80010~011 150.00			
NAME STREET ADDRESS	AME GONZALES, RUBEN FREET ADDRESS 2100 DOGTRACK RD.										
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NAME				-	Nam	<b> </b>				•	i
STREET ADDRESS	1				E	ET ADDRESS					
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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 it changed, or on an attachment with an address, with all other like empowered.											
cnanged,	, or on an attac	mient with an addr	ess, with all off	es sike empowered		. 14	`				

**FILED** 

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