


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01990
1. Entity Name
RUTA, INC.



Principal Place of Business
10101 COLLINS AVENUE
APT. 11F
BAL HARBOR FL 33154
US

Mailing Address
10101 COLLINS AVENUE
APT. 11F
BAL HARBOR FL 33154
US

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

65-0165683 Not Applicable

6. Name and Address of Current Registered Agent

TACHER, PERLA
10101 COLLINS AVENUE
#11F
BAL HARBOR FL 33154

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Perla Tacher* DATE *Jan-30-2005*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution:

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	TACHER, PERLA	
STREET ADDRESS	10101 COLLINS AVENUE, #11F	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TACHER, SARA	
STREET ADDRESS	10101 COLLINS AVENUE, #11F	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	TACHER, DAVID	
STREET ADDRESS	10101 COLLINS AVENUE, #11F	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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02/02/05-80088-006-158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Perla Tacher* DATE: *Jan-30-2005* (305) 710-6812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #