


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90023 003 ***158.75

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: **10101 Collins Ave**
 Suite, Apt. #, etc.: **11F**

3. Mailing Address: **Same**
 Suite, Apt. #, etc.: **Same**

1st MOORE CR2E034 (10/05)

City & State: **BAL Harbour Fla**
 Zip: **33154** Country: **USA**

4. FEI Number: **65-0165683**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
TACHER, PERLA
10101 COLLINS AVENUE #11F
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent
 Name: **Perla Tacher**
 Street Address (P.O. Box Number is Not Acceptable): **10101 COLLINS Ave 11F**
 City: **BAL Harbour FL** Zip Code: **33154**

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: **1/26/2006**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **1/26/2006** DAYTIME PHONE #: **(305) 710-6812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR