


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01990</b> 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 - No P.O. Box #	3. Mailing Address <i>10101 COLLINS AVE</i>	
Suite, Apt. #, etc	Suite, Apt. #, etc. <i>11F</i>	
City & State	City & State <i>BAL Harbour Fla</i>	
Zip	Country	Zip <i>33154</i>
Country	Country <i>US</i>	



1st MOORE CR2E034 (10/07)

4. FEI Number 65-0165683		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75</b> 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 Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>		

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: *1/30/2008*

Signature, typed or printed name of the registered agent and date of filing. (NOTE: Registered Agent signature required when changing.)

**FILE-NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	NAME TACHER, PERLA	TITLE	NAME <i>U00000809547</i>
STREET ADDRESS 10101 COLLINS AVENUE, #11F	CITY-ST-ZIP BAL HARBOR FL 33154	STREET ADDRESS	CITY-ST-ZIP <i>02/08/08-80027-003 158.75</i>
TITLE VPS	NAME TACHER, SARA	TITLE	NAME
STREET ADDRESS 10101 COLLINS AVENUE, #11F	CITY-ST-ZIP BAL HARBOR FL 33154	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME TACHER, DAVID	TITLE	NAME
STREET ADDRESS 10101 COLLINS AVENUE, #11F	CITY-ST-ZIP BAL HARBOR FL 33154	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: *1/30/2008* PHONE: *305) 710 6812*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR