


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90173 030 ***150.00

DOCUMENT # L56552	
1. Entity Name ZULLY RUIZ ENTERPRISES INC.	

Principal Place of Business 814 PONCE DE LEON BLVD #402 CORAL GABLES, FL 33134 US	Mailing Address 814 PONCE DE LEON BLVD #402 CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 441927
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI, FL
Zip	Zip 33144
Country	Country MIAMI-DADE

40049733



03162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0178272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUIZ, ZULLY 8290 S.W. 48 ST. MIAMI, FL 33155	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS RUIZ, ZULLY 8290 S.W. 48 ST MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RUIZ, ZULLY 8290 S.W. 48 ST. MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Zully Ruiz, DPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/30/07 Daytime Phone # 305-774-2941