


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L76075 1. Entity Name RUDY'S PRO-STRIPES INC.	
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Principal Place of Business 5810 SW 12 ST MIAMI, FL 33134	Mailing Address 5810 SW 12 ST MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0194022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  SERRAT, RODOLFO B. 5810 SW 12 ST MIAMI, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SERRAT, RODOLFO B. 4338 SW 8TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SERRAT, VERONICA A 5810 12 STREET MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**

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01-18-08-80041-012-150.00

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:  \_\_\_\_\_  
SIGNATURE AND FEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/15/08 Daytime Phone # \_\_\_\_\_