2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M13249

Entity Name: RUDS, INC.

Address:

City-St-Zip:

1480 EUCLID AVENUE

MIAMI BEACH, FL 33139

FILED Feb 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14380 SW 139TH COURT 9941 WEST JESSAMINE STREET MIAMI, FL 33186 US MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 14380 SW 139TH COURT 9941 WEST JESSAMINE STREET MIAMI, FL 33186 MIAMI, FL 33157 US FEI Number: 59-2530717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEGREDO, LUIS C 11 ISLAND AVENUE **APT 1111** MIAMI BEACH, FL 33139 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COCALIDES, STYLIAN N Name: Name: 7921 SW 143 STREET Address: Address: City-St-Zip: MIAMI, FL 33158 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SEGREDO, RAUL D Name: 1501 BELLA VISTA AVENUE Address: Address: CORAL GABLES, FL 33156 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SEGREDO, LUIS C. Name: Name: 11 ISLAND AVENUE, APT 1111 Address: Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition ANLLO, BILL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LUIS SEGREDO PRES 02/01/2005