

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M21744

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: RULER CORPORATION

## Current Principal Place of Business:

7300 WEST FLAGLER STREET  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

7300 WEST FLAGLER STREET  
MIAMI, FL 33144

## New Mailing Address:

FEI Number: 59-2694647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABANAS, JULIO  
12727 SW 66 TERRACE  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

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: JULIO CABANAS /S/

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CABANAS, REMIGIO  
Address: 12727 SW 66 STREET  
City-St-Zip: MIAMI, FL 33183

Title: STD ( ) Delete  
Name: CABANAS, EMIGDIO  
Address: 7300 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: VD ( ) Delete  
Name: CABANAS, MARCOS  
Address: 7300 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: VD ( ) Delete  
Name: CABANAS, JUAN E  
Address: 7300 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: VD ( ) Delete  
Name: CALERO, REGLA  
Address: 7300 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: VD ( ) Delete  
Name: VEGA, VIRGINIA  
Address: 7300 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: REMIGIO CABANAS /S/

PD

04/02/2007

Electronic Signature of Signing Officer or Director

Date