

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M21744

FILED
Mar 23, 2009
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:

HERNANDEZ, HOSS P.A.
2701 SOUTH BAYSHORE DR
STE. 602
COCONUT GROVE, FL 33133 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: HOSS HERNANDEZ P.A.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: PD () 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:

I hereby certify that the information supplied with this filing does not qualify 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: EMIGDIO CABANAS

STD

03/23/2009

Electronic Signature of Signing Officer or Director

Date