

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M53431 1. Entity Name ILIANA D. RUIZ, P.A.				Secretary of State	
Principal Place of Business C/O ILIANA D. RUIZ, ESQ. 9100 S DADELAND BLVD #402 MIAMI, FL 33156 US		Mailing Address C/O ILIANA D. RUIZ, ESQ. 9100 S DADELAND BLVD #402 MIAMI, FL 33156 US			
DO NOT WRITE IN THIS SPACE				01152004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2812509	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, ILIANA D. 9100 S DADELAND BLVD #402 MIAMI, FL 33156				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				 DO NOT WRITE IN THIS SPACE	
TITLE	D				
NAME	RUIZ, ILIANA D.				
STREET ADDRESS	9100 S DADELAND BLVD #402				
CITY-ST-ZIP	MIAMI, FL 33156				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				1/16/04 305-670-4852	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	