


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90025 004 \*\*\*150.00

<b>DOCUMENT # M53431</b> 1. Entity Name ILIANA D. RUIZ, P.A.					
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		
2. Principal Place of Business - No P.O. Box # C/O ANTONIO VARGAS, CPA Suite, Apt. #, etc. #912 9100 S DADELAND BLVD,		3. Mailing Address P.O. Box 560009 Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-2812509	
Zip 33156		Country US		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C/O ANTONIO VARGAS, CPA 9100 S. DADELAND BLVD, SUITE 912, City Miami FL Zip Code 33156		
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: <i>Iliana D. Ruiz</i> DATE: 5/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, ILIANA D. 9100 S DADELAND BLVD #402 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O ANTONIO VARGAS, CPA 9100 SOUTH DADELAND BLVD SUITE 912 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Iliana D. Ruiz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

**ILIANA D. RUIZ, P.A.**  
*Attorney at Law*

40110797  
# M53431

*Post Office Box 560009*  
**MIAMI, FL 33256**  
*Telephone (305) 670-4852*  
*Facsimile (305) 670-2144*

May 10, 2007

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301


RE: Iliana D. Ruiz, P.A.  
M53431

Gentlemen:

Enclosed is our annual report and a check in the amount of One Hundred and Fifty (\$150.00) Dollars. We have changed our address. We never received a postcard, and an attempt to pay online was unsuccessful.

We hereby respectfully request that you waive your late fee. Thank you for your anticipated cooperation.

Very truly yours,

  
ILIANA D. RUIZ

IDR/imf

Enclosures