2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 AN Secretary of State

ANNUAL REPORT				-	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	109 4	Secretary of Sta			
DOCU	MENT # M68749				Secret	ary of Sta				
1. Entity Nam	e /RUBEL, P.A.									
ELLEIV VV	RUBEL, P.A.									
			The state of the s							
Principal Plac	e of Business	Mailing Address								
% ELLEN WR		% ELLEN WRUBEL								
3343 FORRE HOLLYWOOD		3343 FORREST DR HOLLYWOOD, FL 33021								
110001111001		11022111000712 00021								
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DO NOT WRITE IN THIS SPAC			CE	03142008	No Chg-P	CR2E034				
			UE .	4. FEI Numb			Applied For Not Applicable			
				5. Certificate	or Status Desired		8.75 Additional ee Required			
	6. Name and Address of Current R	egistered Agent		- 1 C.	1 (a. 1944					
WRUBEL,	ELLEN			DO	NOT W	DITE				
3343 FOREST DR					NOT W					
HOLLYWO	OOD, FL 33021		٠.	IN '	THIS SF	PACE				
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	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or be	oth, in the State of Fl	orida. I am far	miliar with, and accept			
the obligat	tions of registered agent.				•					
SIGNATURE_	Signature, typed or printed name of registered agent en	o title if applicable (NOTE: Registere	ed Ageni signature required	when reinstating)		DATE				
, T		9. Election Campaign Fina	ncina &£	.00 May Be						
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				ed to Fees	11.5 - 5					
10.	OFFICERS AND D	DIRECTORS	_		10000 10000 AO	<i>1083340</i> 6 5_66656	-002 150.00			
TITLE	PSD WRUBEL, ELLEN				047 607 01	5000.00	006 120,90			
NAME STREET ADDRESS	3343 FOREST DR				14					
CITY-ST-ZIP	HOLLYWOOD, FL		I ' '	1	•		, , , , , , , , , , , , , , , , , , ,			
TITLE										
NAME STREET ADDRESS			<i>:</i>	4 4		•	•			
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TITLE NAME				IN	THIS SI	PACE				
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CITY-ST-ZIP			1			•				
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NAME . STREET ADDRESS				,						
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NAME							,			

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 that an address, with all other like empowered.

SIGNATURE: <a>_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 4/14/08(954)965773