## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019636

City-St-Zip: COCONUT GROVE, FL 33133

Entity Name: RUCHOCKI MANAGEMENT, INC.

FILED Apr 28, 2009 Secretary of State

| Current Principal Place of Business:   |  |                         | New Principal Place o  | New Principal Place of Business:             |  |
|--|--|-------------------------|--|--|--|
| 1770 MICANOF   | OTT, ESQUIRE<br>PY AVENUE<br>ROVE, FL 33133        |                         |  |  |  |
| Current Mailing Address:   |  |                         | New Mailing Address  | New Mailing Address:                         |  |
| 1770 MICANOPY AVENUE<br>C/O MARK SCOTT, ESQUIRE<br>COCONUT GROVE, FL 33133 US  |  | 1770 MICANOPY AVEN      | C/O MARK SCOTT, ESQUIRE<br>1770 MICANOPY AVENUE<br>COCONUT GROVE, FL 33133 |  |  |
| FEI Number: 65-0   | 996405 FEI Nu                                      | mber Applied For()      | FEI Number Not Applicable ( )  | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |  |                         |  | New Registered Agent:                        |  |
| SCOTT, MARK<br>1770 MICANOF<br>COCONUT GR  |  | US                      |  |  |  |
| 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:   |  |                         |  |  |  |
|  | Electronic Signa                                   | ture of Registered Ager | nt   | Date   |  |
| Election Campaig   | n Financing Trust F                                | und Contribution ( ).   |  |  |  |
| OFFICERS AND DIRECTORS:  |  |                         | ADDITIONS/CHANGE   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
|  | ( ) Delete<br>/IN, REGINA M<br>) M SCOTT, ESQ, 177 | O MICANOPY AVENUE       | Title:<br>Name:<br>Address:  | ( ) Change ( ) Addition                      |  |

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: REGINA LEVIN P 04/28/2009