

2007 FOR PROFIT CORPORATION
ANNUAL REPORT.

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-26-2007 90076 013 ***150.00

DOCUMENT # P00000042579 1. Entity Name NEW RUBI II, INC.			
Principal Place of Business 3297 N.W. 7 AVENUE MIAMI, FL 33127		Mailing Address 12345 S.W. 100 AVENUE MIAMI, FL 33176	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BREKKA, JOHN A ESQ. LAW OFFICE OF LEE H. SCHILLINGER, P.A. 4601 SHERIDAN STREET SUITE 202 HOLLYWOOD, FL 33021		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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retreating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUBIN, YACOB 12345 SW 100TH AVE MIAMI, FL 33176		
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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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.			
SIGNATURE: <u><i>Jacob Lubin</i></u> PRESIDENT <u>3/12/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deposing Person			



01162007 No Chg-P CR2E004 (11/05)

4. FEI Number 65-1020230	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	