2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

446.3138

3-16.06

DOCUMENT # P0000048014 1. Entity Name RUBINI & ASSOCIATES, INC.							05-02-2006 9	90200 004	· ***150	.00
Principal Plac	e of Busines	s	Mailing Address			1				
782 NW 42 A # 629	WE		782 NW 42 AVE # 629							
MIAMI, FL 33126			MIAMI, FL 33126				I MAIRE MARIE MAIRE ANDI MARIE	I STIN TIBEL LEN		1881 (1 1 68 1
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02092006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State			4. FEI Numb 65-101				plied For t Applicable
Žip		Country	Zip	Zip Country		1	of Status Desired		8.75 Add	itional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
RUBINI, R	ODOLEO	Δ	Name							
782 NW 42 # 629				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33126									
	50		City			FL	Zip Code			
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										
Signature, typed or printed neritle of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
TITLE NAME	PD RUBINI F	RODOLFO A	☐ Delete	TITLI					☐ Change	Addition
STREET ADDRESS	1	CEAN DR. PH3			ET ADDRESS					
CITY-ST-ZIP		OOD, FL 33019		-	-ST-ZIP		. = 1000			
TITLE NAME	VPD RUBINI, S	SILVIA R	Delete	TITL					Change	☐ Addition
STREET ADDRESS	1501 S. OCEAN DR. PH3				ET ADDRESS					
CITY-ST-ZIP	HOLLYW	OOD, FL 33019		-ST-ZIP						
TITLE NAME			☐ Delete	TITLE				'	Change	☐ Addition
STREET ADDRESS	ļ				ET ADDRESS					
CITY-ST-ZIP					- ST-Z)P			,		
TITLE NAME			☐ Delete	TITL! NAM					☐ Change	Addition
STREET ADDRESS				1	ET ADDRESS					
CITY-ST-ZIP			☐ Delete	TITLE	-ST-ZIP		- 		☐ Change	☐ Addition
NAME			LL Deseile	NAM					Criarige	Mannon
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITU					☐ Change	☐ Addition
NAME			_ book	NAM					0.090	Accepti
STREET ADDRESS CITY-ST-ZIP				u	ET ADDRESS '-ST-ZIP					
	L. certify that th	e information supplied wit	h this filing does not qualify fo			d in Chapter 11	9. Florida Statutes 1	further certif	v that the in	formation
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 of Block 11 if										
changed, or on an attachment with an address, with all other like empowered. Rodoufo A. (301)										

RODOLFO A.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR