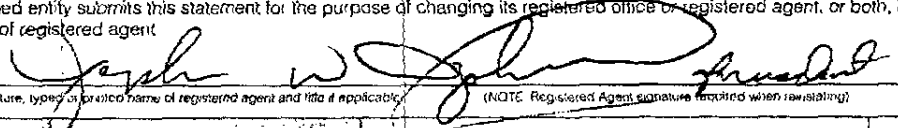
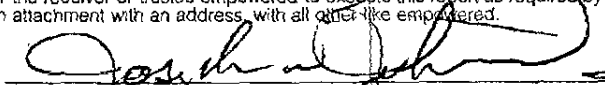


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000036411 1. Entity Name RUBY-TYRE CORP.			
Principal Place of Business 19210 N W 10TH COURT MIAMI FL 33169		Mailing Address 19210 N W 10TH COURT MIAMI FL 33169	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		1st MOORE CR2E034 (10/05)	
		4. FEI Number 65-1103000 Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, JOSEPH W 19210 N W 10TH COURT MIAMI FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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:  2-10-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTC	☐ Delete	
NAME	JOHNSON, JOSEPH		
STREET ADDRESS	19210 NW 10 CT		
CITY- ST- ZIP	MIAMI FL 33169		
TITLE	VPS	☐ Delete	
NAME	JOHNSON, DORRIS		
STREET ADDRESS	19210 NW 10 CT		
CITY- ST- ZIP	MIAMI FL 33169		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	
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CITY- ST- ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Joseph W. Johnson 2-10-06 305-652-250**