FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90444 048 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000054178

1. Entity Name
RUDY'S CONFECTIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 66-9364 MIAMI, FL 33166	8758 SW 8TH STREET MIAMI, FL 33174

04252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4205 NW 36 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33142	Country	Zip	Country

4. FEI Number 65-1113770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIETO, RICHARD M
P.O. BOX 66-8814
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: Richard M. Prieto
Street Address (P.O. Box Number is Not Acceptable): 4205 NW 36 Ave
City: Miami FL Zip Code 33142

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIETO, BLANCA O P.O. BOX 66-8814 MIAMI, FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Prieto, Blanca O 4205 NW 36 Ave miami FL 33142	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Prieto, Richard M 4205 NW 36 Ave miami FL 33142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIETO, RICHARD M. P.O.BOX 66-8814 MIAMI, FL 33129	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 with an address, with all other like empowered.

SIGNATURE: ____________________ 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #