

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90105 034 ***150.00

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| DOCUMENT # P01000082042 | | | | | |
| 1. Entity Name RUBI TILE, INC. | | | | | |
| Principal Place of Business 780 94TH AVE. NORTH NAPLES, FL 34108 | | | Mailing Address 780 94TH AVE. NORTH 2408 LINWOOD AVE, STE 8 NAPLES, FL 34108 | | |
| 2. Principal Place of Business 1360 13 ST SW | | 3. Mailing Address 1360 13 ST SW | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State NAPLES | | City & State NAPLES FL | | 4. FEI Number 59-3738845 | |
| Zip 34117 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SANCHEZ, DENYS 780 94TH AVE. NORTH NAPLES, FL 34108 | | | 7. Name and Address of New Registered Agent Name: DENYS SANCHEZ Street Address (P.O. Box Number is Not Acceptable): 1360 13 ST SW City: NAPLES FL Zip Code: 34117 | | |
| 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: <i>[Signature]</i> (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 Trust Fund Contribution. <input type="checkbox"/> \$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 | DPST SANCHEZ, DENYS 1360 13 ST SW NAPLES FL 34117 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST DENYS SANCHEZ 1360 13 ST SW NAPLES FL 34117 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: _____ Daytime Phone #: _____ | | | | | |