2004 FOR PROFIT CORPORATION. • ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 19, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P0100008731 RUCKING, CORP.	5				or sector
Principal Place of Business Mailing Address 12401 W OKEECHOBEE RD, LOT 458 HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018						
DO NOT WRITE IN THIS SPACE				04132004 No Chg-P CR2E034 (10/03) 4. FEI Number		
12401 W C	6. Name and Address of Current Regis RIMITIVO R DKEECHOBEE RD, LOT 458 GARDENS, FL 33018	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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be						
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			☐ Ådd	led to Fees		
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVST PEREZ, PRIMITIVO R 12401 W OKEECHOBEE RD, LOT 45 HIALEAH GARDENS, FL 33018				0000001 04/19/04-8	17132 0007-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, PRIMITIVO R 12401 W OKEECHOBEE RD, LOT 45 HIALEAH GARDENS, FL 33018	8				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI	
ntle Name Street Address City-St-Zip				IN . 	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged.	perify that the information supplied with this for this report or supplemental report is true: poration or the receiver or trustee empowere or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signat d to execute this report as requir bother like empowered.	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3) same legal effe 7, Florida Statute	(i), Florida Statutes, I fo ct as il made under oa es, and that my name :	urther certify that the information th; that I am an officer or director appears in Block 10 or Block 11 if