

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90052 040 \*\*\*150.00

DOCUMENT # P01000101535

1. Entity Name

RUFFNECK, INC.



Principal Place of Business

5041 S STATE RD 7  
UNIT 408  
PORT LAUDERDALE FL 33314

Mailing Address

P.O. BOX 840634  
COOPER CITY FL 33084



2. Principal Place of Business - No P.O. Box #

5041 SOUTH STATE ROAD 7

3. Mailing Address

P.O. BOX 840634

Suite, Apt. #, etc.

UNIT 408

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DAVIE FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-1147885

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33084

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, VAL R  
11614 SW 50 ST  
HOLLYWOOD FL 33330

7. Name and Address of New Registered Agent

Name VAL R. ROSENBERG

Street Address (P.O. Box Number is Not Acceptable)

11614 SW 50 ST

City COOPER CITY

FL

Zip Code

33330

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, type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

2/1/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, VAL R	
STREET ADDRESS	11614 SW 50 ST	
CITY- ST- ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VAL ROSENBERG 2/1/07 954-321-0033

Date

Daytime Phone #