


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90007 003 ***150.00

04070208

DOCUMENT # P02000002133 1. Entity Name RU REN CORP.					
Principal Place of Business 12950 S.W. 103RD TERRACE MIAMI, FL 33186-2309			Mailing Address 12950 S.W. 103RD TERRACE MIAMI, FL 33186-2309		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-1157992				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, JOSE R 12950 S.W. 103RD TERRACE MIAMI, FL 33186-2309			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RIVERA, JOSE R 12950 S.W. 103RD TERRACE MIAMI, FL 331862309 <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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Division of Corporations

Annual Report

Payment Page

Document Tracking # - 100039065091

For

Corporate Annual Report # - P02000002133

The charge amount for your filing is \$150.00.

Payment

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

Credit Card Payment

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Reset

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Please Note

If you have used the browser 'BACK' button to get to this page, you should use the browser 'FORWARD' button to move to the next page.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 12, 2004

RU REN CORP.
12950 S.W. 103RD TERRACE
MIAMI, FL 33186-2309

SUBJECT: RU REN CORP.
Ref. Number: P02000002133

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 404A00050003

Attachment
54070208
Division of Corporations

Annual Report

Page 1

Document Number

P02000002133

Business Entity Name

RU REN CORP.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

651157992

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

12950 S.W. 103RD TERRACE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

331862309

Mailing Address

Address

12950 S.W. 103RD TERRACE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

331862309

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

RIVERA

JOSE

R

-or- RA Business Name

Address

12950 S.W. 103RD TERRACE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

331862309

Attachment
54070208

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Jose Rivera



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Annual Report

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Document Number

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Business Entity Name

RU REN CORP.

- Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Attachment
574070208
#P02000002133

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
 'Officer/Director Signature' block below. A corporate name is not
 allowed in this block.

Title PSD
 Officer/Director Signature Jose Rivera

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Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P02000002133**

Tracking Number: **100039065091**

The charge for your Annual Report is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the **CONTINUE** button below.

By pressing the **CONTINUE** button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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