

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

34070208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1157992</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$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	
<b>FL</b>	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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## 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.



*Attachment*

574070208

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

**Division of Corporations**

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54070208

**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  Current  
Certificate 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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## Division of Corporations

### 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

PSD

Name (Last, First, Middle, Title)

RIVERA

JOSE

R

[Redacted]

-or- Entity Name

Street Address

12950 S.W. 103RD TERRACE

City, State

MIAMI

FL

Zip Code & Country

331862309

[Redacted]

Title

[Redacted]

Name (Last, First, Middle, Title)

[Redacted]

[Redacted]

[Redacted]

-or- Entity Name

Street Address

[Redacted]

City, State

[Redacted], [Redacted]

Zip Code & Country

[Redacted]

[Redacted]

Title

[Redacted]

Name (Last, First, Middle, Title)

[Redacted]

[Redacted]

[Redacted]

-or- Entity Name

Street Address

[Redacted]

City, State

[Redacted], [Redacted]

Zip Code & Country

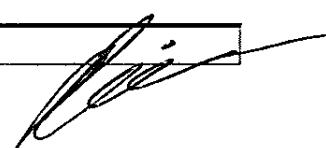
[Redacted]

[Redacted]

*ATTACHMENT**54070208  
HPD2000002133*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  PSDOfficer/Director Signature  Jose Rivera  
[Continue] [Reset]

[Start Over]

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ATTACHMENT

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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.

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[\*\*Public Access Help\*\*](#)