

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000013209

1. Entity Name

RUGVIE ENTERPRISES INC.



Principal Place of Business

6442 PERRY ST
HOLLYWOOD FL 33024

Mailing Address

6442 PERRY ST
HOLLYWOOD FL 33024



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 04-3598645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIEIRA, DENNIS P
6442 PERRY ST.
HOLLYWOOD FL 33024

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

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
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: P ☐ Delete
NAME: RUGGLES, RICHARD G
STREET ADDRESS: 13323 SW 28TH ST.
CITY- ST- ZIP: DAVIE FL 33330

TITLE: ST ☐ Delete
NAME: VIEIRA, DENNIS P
STREET ADDRESS: 6442 PERRY ST.
CITY- ST- ZIP: HOLLYWOOD FL 33024

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U00000623753
02/14/07-80002-015 150.00

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

☐ Change ☐ Addition
TITLE:
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TITLE:
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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

Date

Daytime Phone #

DENNIS P. VIEIRA, ST 2/2/07

954-663-7245