


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P02000048389 1. Entity Name RUBINSON AND ASSOCIATES, INC. |  |
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| Principal Place of Business 7901 SW 6TH COURT STE. 140 FORT LAUDERDALE, FL 33324 | Mailing Address PO BOX 19-0089 MIAMI BEACH, FL 33119 |
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 04-3661158 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BALLOTTA, MICHAEL R
 7901 SW 6TH COURT
 STE. 140
 FORT LAUDERDALE, FL 33324

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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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS RUBINSON, MITCHELL 7901 SW 6TH COURT, STE. 140 FORT LAUDERDALE, FL 33324 |
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 01/23/08-80035-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  1/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____