2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000078040

SIGNATURE

FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90422 001 ***300.00

1. Entity Name RUBIES F	FASHION, INC.	*							
Principal Place of Business		Mailing Address			PP002401				
4740 SE APA Arcadia, Fl		4740 SE APACHE DRIVE Arcadia, Fl 34266	US		1 (BE)(E3) (3) B(ria iilii erin tem ter		EO MATIL PINIL NASI	180 1 de d es
2. Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02042005	Chg-P	CR2E0	34 (10/03)	_
City & State)	City & State			4. FEI Number 48-1275	564		1	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Addi	
	6. Name and Address of Current	t Registered Agent	Name		7. Name and A	ddress of New F	legistered A	gent	
	APACHE DRIVE			ldress (P.O. Box Number	is Not Acceptable	e)		
ARCADIA,	FL 34266								
			City				FL	Zip Code	•
	named entity submits this statement fions of registered/agent.	or the purpose of changing its re	egistered office or I	register	red agent, or both	, in the State of Fig.	orida. I am f	amiliar with, ا	and accept
SIGNATURE_	Signate Attack or printed name of registered agen	it and title if applicable. (NOTE:	Registered Agent signatur	e required	i when reinstating)	1	-{-)	<u> 705</u>	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaig Trust Fund Contril			.00 May Be led to Fees	-		-	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	
TITLE NAME	D CASTILLO, JANIE	Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	4740 SE APACHE DRIVE ARCADIA, FL 34266		STREET ADDRESS CITY-ST-ZIP						
TITLE	D CASTILLO BUREN	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	CASTILLO, RUBEN 4740 SE APACHE DRIVE		NAME STREET ADDRESS						
CITY-ST-ZIP	ARCADIA, FL 34266	При	CITY-ST-ZIP					Channa	- Addition
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	<u></u>					
TITLE		☐ Delete	TITLE					☐ Change	Addition :
NAME		Ceitte	NAME					C) change	7,550,1001
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						•
CITY-ST-ZIP			CITY-ST-ZIP						
indicated of the cor	certify that the information supplied wi I on this report or supplemental report poration or the receiver or trustee em I, or on an attachment with an address	is true and accurate and that m powered to execute this report a	v sionature shall ha	avo the	thatta lengt ames	as it made under	Asin that I a	im an otticer	or director 1

Pres.

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P02000078	8040	÷		A	Hack	me	nt	
Principal Place of Business 4740 SE APACHE DRIVE ARCADIA, FL 34266 US ARCADIA, FL 34266 US ARCADIA, FL 34266 US								•	
2. Principal P	lace of Business	3. Mailing Address			· ·				
Suite, Apt.	#, etc.	Suite, Apt, #, etc.							
City & State	ė	City & State			4. FEI Numbe 48-127			olied For Applicable	
Zip	Country	Country Zip Cour		try	5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current	t Registered Agent		Name	7. Name and	Address of New Registe	red Agent		
CASTILLO, JANIE 4740 S.E. APACHE DRIVE ARCADIA, FL 34266				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Code	•	
8. The above the obligation SIGNATURE _	named entity submits this statement files of registered agent.			ed office or register d Agent signature required		th, in the State of Florida.	,	and accept	
After Ma	E NOWIII FEE IS \$150.00 By 1, 2005 Fee will be \$550 OFFICERS AND				.00 May Be led to Fees	CHANGES TO OFFICERS	AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D CASTILLO, JANIE 4740 SE APACHE DRIVE ARCADIA, FL 34266	Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, RUBEN 4740 SE APACHE DRIVE ARCADIA, FL 34266	☐ Delete		•			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Deiete		I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cetete		- I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete					☐ Change	Addition	
oi ine cor	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee emy, or on an attachment with an address.	gowered to execute this report	t as requi	red by Chapter 60.	ection 119.07(3) same legal effec 7, Florida Statute	(i), Florida Statutes, I furthe that as if made under oath; it is; and that my name appe	er certify that the internat I am an officer pars in Block 10 or Dayume Phone #	formation or director Block 11 if	