## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AN Secretary of State

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DOCUMENT # P02000103170  1. Entity Name RUAN GONZALEZ INVESTMENTS, INC.					Secretary of State			
Principal Place 6804 22ND / ST. PETERSB		Mailing Address 6804 22ND AVE. N ST. PETERSBURG, FL 33710						
DO NOT WRITE IN THIS SPA			CE	04202004 4. FEI Numbe 22-387	No Chg-P	CR2E034 (10/03)	oiled For Applicable	
		Service Control of the Control of th		5. Certificate	of Status Desired	S8.75 Add		
6. Name and Address of Current Registered Agent								
RUAN, MIGUEL A 6804 22ND AVE. N ST. PETERSBURG, FL 33710			DO NOT WRITE IN THIS SPACE					
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, lyced or printed name of registered agent and title if applicable. (NOTE. Registered Agent alignature required when remaining)  DATE								
FILE NOWIN FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Irust Fund Contribution.			ncing \$	55.00 May Be added to Fees				
TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE	OFFICERS AND DE PD RUAN, MIGUEL A 6804 22ND AVE. N ST. PETERSBURG, FL 33710 VD	RECTORS			U00000 05/04/04-	152026 80069-015 150	1.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	GONZALEZ, ADRIANA M 6804 22ND AVE. N ST. PETERSBURG, FL 33710							
NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP				IN	i HIS SP	ACE		
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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 suppliemental 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER ON DIRECTOR

Miquel Rua

04/29/04-(727)\*6876

Date

Daytime Prione #