


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000006322	
1. Entity Name RICHARD S. RUBIN, INC.	

Principal Place of Business 5731 SW 196TH LANE SOUTHWEST RANCHES, FL 33332	Mailing Address 5731 SW 196TH LANE SOUTHWEST RANCHES, FL 33332
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3763607	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

RUBIN, RICHARD S  
5731 SW 196TH LANE  
SOUTHWEST RANCHES, FL 33332

DO NOT WRITE  
IN THIS SPACE

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: *Richard S. Rubin* (NOTE: Registered Agent signature required when reinstating)

DATE: 1/25/05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000701628 01/28/05-80074-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, RICHARD S 5731 SW 196TH LANE SOUTHWEST RANCHES, FL 33332
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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 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: *Richard S. Rubin* 1/25/05 954-895-5085

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