2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 08:00 AM Secretary of State

DOCUMENT # P030000 1. Entity Name F. RUIZ, INC.			Secre	tary of Stau
Principal Place of Business 1753 ELM HAMMOCK CIRCLE IMMOKALEE, FL 34142558 US	Mailing Address P.O. BOX 2581 IMMOKALEE, FL 34142 US		IJA 440 d'R. 1111 kultu nolu ulkin kozin no	li liibii Brutii ildike Abiude ei fuur
	TE IN THIS SPAC	05042005 4. FEI Num 76-07 5. Certifical	per 22843 e of Status Desired	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Cur RUIZ, FEDERICO 1753 ELM HAMMOCK CIRCLE IMMOKALEE, FL 34142	rent Registered Agent	DO	NOT WRIT	es and a second
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Senature, typed or printed name of registered	King U.	d office or registered agent, or b	oth, in the State of Florida. Ta	
FILE NOW!!! FEE IS \$550.0 Due by September 7, 2005		Added to Fees		
INTLE P, T NAME RUIZ, FEDERICO STREET ADDRESS 1753 ELM HAMMOCK CIRC CITY-ST-ZIP IMMOKALEE, FL 34142 TITLE NAME STREET ADDRESS		The state of the s	0000003646 05/09/05-8000	
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 I hereby certify that the information supplied indicated on this report or supplemental free of the corporation or the receiver or traces changed, or on an attachment with an address. 	Fifth this filing does not qualify for the exert is true and accurate and that my signate ampowered to execute this report a requirement, with all other like empowered.	nption stated in Section 119.07(3 are shall have the same legal effet ed by Chapter 607, Fiorida Statut	i(i), Florida Statules. I further of as if made under oath; that es; and that my name appeal	certify that the information I am an officer or director is in Block 10 or Block 11 if
SIGNATURE: AND TYPE	O OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	on	5-46-05 Data	Daytime Phone #