


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000007421 1. Entity Name F. RUIZ, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 1753 ELM HAMMOCK CIRCLE IMMOKALEE, FL 34142-558 US | Mailing Address P.O. BOX 2581 IMMOKALEE, FL 34142 US |
|--|--|

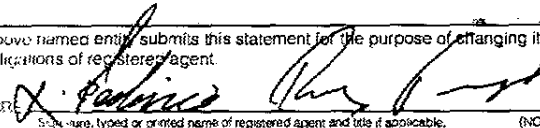


07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE


| | |
|---|---------------------------------------|
| 4. FEI Number 76-0722843 | 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 RUIZ, FEDERICO 1753 ELM HAMMOCK CIRCLE IMMOKALEE, FL 34142 | 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:  DATE: 7-05-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
|---|

| | | |
|--|---|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|---|

| | | |
|---|--|---|
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE U000000767646 07/10/07-80012-024 150.00 |
| Title NAME STREET ADDRESS CITY-STATE-ZIP | P, T RUIZ, FEDERICO 1753 ELM HAMMOCK CIRCLE IMMOKALEE, FL 34142 | |
| Title NAME STREET ADDRESS CITY-STATE-ZIP | | |
| Title NAME STREET ADDRESS CITY-STATE-ZIP | | |
| Title NAME STREET ADDRESS CITY-STATE-ZIP | | |
| Title NAME STREET ADDRESS CITY-STATE-ZIP | | |
| Title NAME STREET ADDRESS CITY-STATE-ZIP | | |

| | |
|---|--------------------------------|
| 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 furnished 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:  DATE: 7-05-2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Daytime Phone #</small> |
|---|--------------------------------|