

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000010527

1. Entity Name
L. RUIZ & SONS, INC.



Principal Place of Business
**40 GREENTREE
#403
LABELLE, FL 33935 US**

Mailing Address
**P.O. BOX 3113
IMMOKALEE, FL 34143 US**

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
48-1297706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUIZ-TREJO, LOMELI
40 GREENTREE
#403
LABELLE, FL 33935**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RUIZ-TREJO, LOMELI**
STREET ADDRESS **40 GREENTREE #403**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE **VP**
NAME **RUIZ G., EFRAIN**
STREET ADDRESS **40 GREENTREE #403**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE **T**
NAME **RUIZ G., VICTOR**
STREET ADDRESS **40 GREENTREE #403**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE **S**
NAME **RUIZ G., JOSE**
STREET ADDRESS **40 GREENTREE #403**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lomeli Ruiz* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

Duration of Signature

000000340603
04/28/05-80124-003 150.00

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