

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 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



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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	

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IN THIS SPACE**

U000000750262
05/18/07-80054-022 150.00

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

Daytime Phone #