


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

8/28/2008-90001-047-\$158.75-\$158.75

<b>DOCUMENT # P03000040488</b> 1. Entity Name <b>RUBENDA CORPORATION</b>	
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Principal Place of Business 21497 CROZIER AVE. BOCA RATON, FL 33428	Mailing Address 21497 CROZIER AVE. BOCA RATON, FL 33428
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**DO NOT WRITE IN THIS SPACE**

08/11/09  
2008 NOV 3 AM 10:27  
41  
REINSTATEMENT  
08  
08252008 No Chg-P CR2E034 (11/05)  
4. FEI Number  
51-0463797  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LOPEZ, RUBEN D  
21497 CROZIER AVE.  
BOCA RATON, FL 33428

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, RUBEN D 21497 CROZIER AVE. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WHITE, MARIA L 21497 CROZIER AVE. BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Jose Lopez 08/20/08 561-929-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

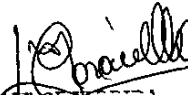
**RUBENDA CORPORATION**  
**21497 CROZIER AVE**  
**BOCA RATON FL 33428**  
**October 15 2008**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

I did not receive the Annual Report Notice; I am requesting reinstatement fee will be waived because I did not receive the prior notice.  
I paid on time the fee by Annual Report since 2003, is my first time in this case, again I request a Waiver.  
Attentively

  
RUBEN DARIO LOPEZ  
PRESIDENT

STATE OF FLORIDA  
COUNTY OF Broward  
SWORN AND SUBSCRIBED  
BEFORE ME THIS 10/15/08 BY

Ruben Dario Lopez   
NOTARY PUBLIC-STATE OF FLORIDA  
Miriam Lora  
Commission #DD378249  
Expires: DEC. 09, 2008  
Bonded Thru Atlantic Bonding Co., Inc.