


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000056965  
 1. Entity Name  
 RONALD RUBIN, PA



Principal Place of Business 951 DE SOTO RD. 133 BOCA RATON, FL 33432	Mailing Address 951 DE SOTO RD. 133 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0469018	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

RUBIN, RONALD  
 951 DE SOTO DRIVE  
 APT 133  
 BOCA RATON, FL 33432

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

**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

U00000582660  
 01/11/07-80040-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUBIN, RONALD 951 DE SOTO RD., APT 133 BOCA RATON, FL 33432
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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:  1/9/07 561 447-7917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #