


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000080890 1. Entity Name RUDA OVERSEAS, INC.	
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Principal Place of Business 3100 WEST 84TH STREET UNIT 4 HIALEAH, FL 33018	Mailing Address 3100 WEST 84TH STREET UNIT 4 HIALEAH, FL 33018
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02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4443259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDA, RAFAEL
3100 WEST 84TH STREET UNIT 4
HIALEAH, FL 33018

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDA, RAFAEL 3100 WEST 84TH STREET UNIT 4 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDA, RUBEN 3100 WEST 84TH STREET UNIT 4 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDA, MANUEL 3100 WEST 84TH STREET UNIT 4 HIALEAH, FL 33018
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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03/15/06-80018-011 150.00

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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:  **RUBEN RUDA** **2-28-06** **305 824-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #