

Aug 13 04 11:42a

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90009 023 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 |                                                                                                                                                                                                           |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000090492</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 |                                                                                                                                                                                                           |  |  |
| 1. Entity Name<br><b>ZULLY RUIZ CO. INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                 |                                                                                                                                                                                                           |                                                                                   |  |
| Principal Place of Business<br><b>814 PONCE DE LEON BLVD.<br/>#400<br/>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                 | Mailing Address<br><b>814 PONCE DE LEON BLVD.<br/>#400<br/>CORAL GABLES FL 33134</b>                                                                                                                      |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | 3. Mailing Address                                                                                                                                                                                        |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                 | Suite, Apt. #, etc.                                                                                                                                                                                       |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                 | City & State                                                                                                                                                                                              |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                      | Zip                             | Country                                                                                                                                                                                                   | 4. FEI Number<br><b>33-0845039</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 |                                                                                                                                                                                                           | Applied For<br><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | 7. Name and Address of New Registered Agent                                                                                                                                                               |                                                                                   |  |
| <b>RUIZ, ZULLY<br/>814 PONCE DE LEON BLVD.<br/>400<br/>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                 | Name                                                                                                                                                                                                      |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                        |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | City                                                                                                                                                                                                      |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | FL Zip Code                                                                                                                                                                                               |                                                                                   |  |
| 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 re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                 |                                                                                                                                                                                                           |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 8, 2004</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                 | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                       |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                            | <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RUIZ, ZULLY                  |                                 | NAME                                                                                                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 814 PONCE DE LEON BLVD. #400 |                                 | STREET ADDRESS                                                                                                                                                                                            |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CORAL GABLES FL 33134        |                                 | CITY-ST-ZIP                                                                                                                                                                                               |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP                           | <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RUIZ, ZULLY                  |                                 | NAME                                                                                                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 814 PONCE DE LEON BLVD #400  |                                 | STREET ADDRESS                                                                                                                                                                                            |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CORAL GABLES FL 33134        |                                 | CITY-ST-ZIP                                                                                                                                                                                               |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEC                          | <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RUIZ, ZULLY                  |                                 | NAME                                                                                                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 814 PONCE DE LEON BLVD. #400 |                                 | STREET ADDRESS                                                                                                                                                                                            |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CORAL GABLES FL 33134        |                                 | CITY-ST-ZIP                                                                                                                                                                                               |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | NAME                                                                                                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | STREET ADDRESS                                                                                                                                                                                            |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                 | CITY-ST-ZIP                                                                                                                                                                                               |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | NAME                                                                                                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | STREET ADDRESS                                                                                                                                                                                            |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                 | CITY-ST-ZIP                                                                                                                                                                                               |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | NAME                                                                                                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                 | STREET ADDRESS                                                                                                                                                                                            |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                 | 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 if changed, or on an attachment with an address, with all other like empowered. |                              |                                 |                                                                                                                                                                                                           |                                                                                   |  |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                 | 7/25/04                                                                                                                                                                                                   |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 | Date Daytime Phone #                                                                                                                                                                                      |                                                                                   |  |

Attachment

66432312

#P03000090492

ALVAREZ & FERNANDEZ, P.A.  
Certified Public Accountants  
650 N.W. 43<sup>rd</sup>. AVENUE  
MIAMI, FLORIDA 33126

Emilio B. Alvarez, CPA  
Enrique F. Fernandez CPA

PHONE: (305) 448-7500  
FAX: (305) 448-7700

E-MAIL: [emilioalvarezcpa@comcast.net](mailto:emilioalvarezcpa@comcast.net)

MEMBERS  
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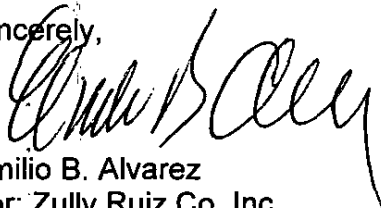
Gentleman:

We never received the card to pay the license for the year 2004, and per our request you mail us this form which arrived your paid on July 25, 2004.

We believe that you should wave the penalty due to the fact this is a new company, which by the way, this company haven't started operation as yet.

You understanding will be appreciated.

Sincerely,



Emilio B. Alvarez  
For: Zully Ruiz Co. Inc  
August 16, 2004