2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090492

Entity Name: ZULLY RUIZ CO. INC

FILED Jun 13, 2<u>00</u>5 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

814 PONCE DE LEON BLVD. 8290 S.W. 48 ST MIAMI, FL 33155 #400

CORAL GABLES, FL 33134

New Mailing Address: Current Mailing Address:

814 PONCE DE LEON BLVD. 8290 S.W. 48 ST #400 MIAMI, FL 33155 CORAL GABLES, FL 33134

FEI Number: 55-0845039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUIZ, ZULLY RUIZ, ZULLY 814 PONCE DE LEON BLVD. 8290 S.W. 48 ST US 400 MIAMI, FL 33134 CORAL GABLES, FL 33134 US

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.

SIGNATURE: 06/13/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete RUIZ, ZULLY RUIZ, ZULLY Name: Name: 814 PONCE DE LEON BLVD. #400 Address: 8290 S.W. 48 ST. Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33155

VΡ Title: VΡ Title: () Delete (X) Change () Addition

Name: RUIZ. ZULLY Name: RUIZ. ZULLY 814 PONCE DE LEON BLVD #400 8290 S.W. 48 ST Address: Address: CORAL GABLES, FL 33134 MIAMI, FL 33155 City-St-Zip: City-St-Zip:

Title: Title: SEC () Delete SEC (X) Change () Addition

RUIZ, ZULLY RUIZ, ZULLY Name: Name: 814 PONCE DE LEON BLVD. #400 8290 S.W. 48 ST Address Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI,, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZULLY RUIZ **PRES** 06/13/2005