

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000096171**

1. Entity Name  
**RING BUSINESS, INC.**



Principal Place of Business  
**8845 NW 151TH TERRACE  
MIAMI, FL 33018**

Mailing Address  
**8845 NW 151TH TERRACE  
MIAMI, FL 33018**



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**51-0482084**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORDOVA, ROSALBA  
8845 NW 151TH TERRACE  
MIAMI, FL 33018**

**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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing - ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

000000607677  
01/31/07-80047-014 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
CORDOVA, GABINO B  
8845 NW 151TH TERRACE  
MIAMI, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
CORDOVA, ROSALBA  
8845 NW 151TH TERRACE  
MIAMI, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** *(Signature)* **Gabino B. Cordova**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(305) 409-8785**

Daytime Phone #