

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000105783	
1. Entity Name RING CONTRACTORS, INC.	
Principal Place of Business 2039-A COOLIDGE STREET HOLLYWOOD, FL 33020	Mailing Address 2039-A COOLIDGE STREET HOLLYWOOD, FL 33020



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0313650	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRULLON, FELIX
2039-A COOLIDGE STREET
HOLLYWOOD, FL 33020

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRULLON, FELIX
STREET ADDRESS	4470 N.W. 207 DRIVE
CITY- ST- ZIP	OPA LOCKA, FL 33055

TITLE	VP
NAME	RUIZ, LEONARDO
STREET ADDRESS	4021 S.W. 153 AVE.
CITY- ST- ZIP	MIRAMAR, FL 33027

TITLE	S
NAME	ARBULU, JOSE
STREET ADDRESS	2643 FILLMORE STREET
CITY- ST- ZIP	HOLLYWOOD, FL 33020

TITLE	T
NAME	CABRERA, LIDIA E
STREET ADDRESS	722 N.W. 125TH STREET
CITY- ST- ZIP	MIAMI, FL 33182

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/16/08-80021-022 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____