## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000005479

ISMAIL, RUBÌNA R

2424 NO. CONGRESS AVE., #K

WEST PALM BEACH, FL 33409 PB

Name:

Address:

City-St-Zip:

Entity Name: RUBY WHOLESALE INC.

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
2424 NO. CONGRESS AVENUE AIRPORT PLAZA,# K WEST PALM BEACH, FL 33409 PB					2424 NO. CONGRESS AVENUE AIRPORT PLAZA,# K WEST PALM BEACH, FL 33409 US			
Current Mailing Address:					New Mailing Address:			
<b>AIRPORT</b>	CONGRESS PLAZA,# K LM BEACH, I		PB	All	24 NO. CON RPORT PLA EST PALM E	ZA,# K		US
FEI Number:	: 20-0558325	FEI Num	ber Applied For()	FEI Number	Not Applicabl	le ( )	Certificate	of Status Desired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
K WEST PAI The above	CONGRESS LM BEACH, I named entity	FL 33409 l		ourpose of ch	anging its re	egistered of	fice or reg	istered agent, or both,
	e of Florida.							
SIGNATURE: Electronic Signature of Registered Agent					Date			
Election Car		-	d Contribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	ISMAIL, RIZV 2424 NO. CO WEST PALM	NGRESS AVE BEACH, FL 3	,	Add Cit	me: ISN dress: 242 y-St-Zip: WE	MAIL, RIZWAN 24 NO. CONG EST PALM BE	RESS AVE. ACH, FL 33	, <b>#</b> K 3409 US
Title: Name: Address: City-St-Zip:	ISMAIL, ASIF 2424 NO. CO	( ) Delete G NGRESS AVE BEACH, FL 3	*	Add	me: ISM dress: 242	(A) MAIL, RUBINA 24 NORTH CO EST PALM BE	NGRESS A	VE #K
Title: Name: Address: City-St-Zip:	ISMAIL, LAIL 2424 NO. CO	(X) Delete A R NGRESS AVE BEACH, FL 3		Add	e: me: dress: y-St-Zip:	( )	Change ( )	Addition
Title:	S (	(X) Delete		Titl	e:	( )	Change ( )	Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RIZWAN ISMAIL P 03/16/2005