2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P04000009445** 04-22-2005 90264 039 ***150.00 RUBEN 'S-INVESTMENTS, CORP. Principal Place of Business Mailing Address 2403 NATURES COURT 2403 NATURES COURT 200020 VALRICO, FL 33594 VALRICO, FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0608168 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, BRIGITTE R. Street Address (P.O. Box Number is Not Acceptable) 2403 NATURES COURT VALRICO, FL 33594 City 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, $\mathcal{A}_{i} = \mathcal{A}_{i}^{-1}$ SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P Defete TITLE ☐ Change ■ Addition NAME DIAZ, RUBEN NAME 2403 NATURES COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP VΡ ☐ Delete TITLE TITEF ☐ Change ■ Addition DIAZ, BRIGITTE NAME NAME STREET ADDRESS 2403 NATURES COURT STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" TITLE Delete TITI F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete JITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. . TITLE ☐ Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling 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