


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90181 006 \*\*\*150.00

<b>DOCUMENT # P04000014454</b> 1. Entity Name J. RUIZ CORP.			
Principal Place of Business 6101 PALM TRACE LANDINGS DR. DAVIE, FL 33314		Mailing Address 6101 PALM TRACE LANDINGS DR. DAVIE, FL 33314	
2. Principal Place of Business - No P.O. Box # <i>6101 Palm Trace Landings Dr.</i>		3. Mailing Address <i>6101 Palm Trace Landings Dr.</i>	
Suite, Apt. #, etc. <i>210</i>		Suite, Apt. #, etc. <i>210</i>	
City & State <i>DAVIE FL.</i>		City & State <i>DAVIE, FL.</i>	
Zip <i>33314</i>		Zip <i>33314</i>	
Country		Country	
4. FEI Number 20-0642716		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RUIZ, JULIO 3124 SW 13TH ST FRONT 6101 PALM TRACE LANDINGS DR APT210 FORT LAUDERDALE, FL 33314		7. Name and Address of New Registered Agent Name <i>Ruiz, Julio</i> Street Address (P.O. Box Number is Not Acceptable) <i>6101 Palm Trace Landings Dr. Apt. 210</i> City <i>DAVIE</i> FL Zip Code <i>33314</i>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RUIZ, JULIO 6101 PALMTRACE LANDINGS DR APT 210 FORT LAUDERDALE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Ruiz, Julio 6101 Palm Trace Landings Dr. Apt. 210 DAVIE, FL. 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____ Daytime Phone # _____			