


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90054 018 \*\*\*150.00

<b>DOCUMENT # P04000014454</b> 1. Entity Name <b>J. RUIZ CORP.</b>			
Principal Place of Business <b>6101 PALM TRACE LANDINGS DR. 210 DAVIE, FL 33314</b>		Mailing Address <b>6101 PALM TRACE LANDINGS DR. 210 DAVIE, FL 33314</b>	
2. Principal Place of Business - No P.O. Box # <b>4151 SW 67th Ave Suite, Apt. #, etc. 110-C</b>		3. Mailing Address <b>4151 SW 67th Ave Suite, Apt. #, etc. 110-C</b>	
City & State <b>DAVIE, FL</b>		City & State <b>DAVIE, FL</b>	
Zip <b>33314</b>		Zip <b>33314</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>20-0642716</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUIZ, JULIO 6101 PALM TRACE LANDINGS DR APT 210 FORT LAUDERDALE, FL 33314</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4151 SW 67th Ave #110-C</b> City <b>DAVIE</b> FL Zip Code <b>33314</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS:		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSD</b> <input type="checkbox"/> Delete NAME <b>RUIZ, JULIO</b> STREET ADDRESS <b>6101 PALM TRACE LANDINGS DR APT 210</b> CITY - ST - ZIP <b>DAVIE, FL 33314</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>4151 SW 67th Ave #110-C</b> CITY - ST - ZIP <b>DAVIE, FL 33314</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 supplement to 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: _____ <b>President 1/20/2008</b> SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			