


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P04000032138	
1. Entity Name A.D.M. RUIZ, INC.	

Principal Place of Business 25374 SW 122ND PL MIAMI, FL 33032	Mailing Address 25374 SW 122ND PL MIAMI, FL 33032
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DO NOT WRITE IN THIS SPACE

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2127133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUIZ, ARMANDO
 25374 SW 122ND PLACE
 MIAMI, FL 33032

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PT RUIZ, ARMANDO 25374 SW 122ND PLACE MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RUIZ, DIANA 25374 SW 122ND PLACE MIAMI, FL 33032
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 04/02/08-80050-010 150.00

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 persons empowered.

SIGNATURE: Deena Ruiz 3-13-08 305-258-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #