2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000062950

1. Entity Name RUBAL PRODUCTIONS INC



FILED May 16, 2008 8:00 am Secretary of State

05-16-2008 90019 015 ***150.00

Principal Place of Business

Mailing Address

8416 N.W. 201TH ST. MIAMI, FL 33015

8416 N.W. 201TH ST. MIAMI, FL 33015



DO NOT WRITE IN THIS SPACE

1 1001100 111 00		
5132008	No Chg-P	CR2E034 (11/05)

4. FEI Number Applied For 01-0812109 Not Applied be 88.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, RUBEN 8416 N.W. 201TH STREET MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	e il applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			<u>'</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, RUBEN 8416 N.W. 201TH ST. MIAMI, FL 33015					
TITLE NAME STREET ADDRESS : CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exe	mptions co	ntained in Chapter 11	9, Florida Statutes. I further certify that the information	

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Turther 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 to 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: __

SIGNATURE AND TYPEROR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #