
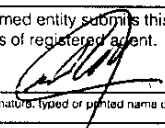
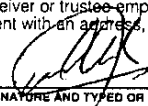


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90179 044 \*\*\*150.00

<b>DOCUMENT # P04000063170</b> 1. Entity Name <b>RUBIO GENERAL MAINTENANCE, INC.</b>					
Principal Place of Business <b>9949 NW 89TH AVENUE, BAY #10 MEDLEY, FL 33178</b>				Mailing Address <b>351 EAST 41ST STREET HIALEAH, FL 33013</b>	
2. Principal Place of Business		3. Mailing Address <b>1814 San Antonio Way M 302</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Viera FL</b>			
Zip	Country	Zip	Country		
<b>32955</b>	<b>USA</b>	<b>32955</b>	<b>USA</b>		
6. Name and Address of Current Registered Agent  <b>GONZALEZ, RAUL 6165 W. 22 CT., APT. #102 HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>Raul Gonzalez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1814 San Antonio Way M 302</b> City <b>Viera</b>	
State <b>FL</b>		Zip Code <b>32955</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: 				DATE: <b>2/28/05</b>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<b>P GONZALEZ, RAUL 6165 W. 22 CT., APT. #102 HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Raul Gonzalez 1814 San Antonio Way M 302 Viera FL 32955</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS GUTIERREZ, HECTOR 6165 W. 22 CT., APT. #102 HIALEAH, FL 33016</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS Leidy L. Rojas 1814 San Antonio way M 302 Viera FL 32955</b>	<input type="checkbox"/> Change <input checked="" 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: <b>2/28/05</b> (321) 243-5888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50022217



02282005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1006702**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

2/28/05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	<b>P GONZALEZ, RAUL 6165 W. 22 CT., APT. #102 HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS GUTIERREZ, HECTOR 6165 W. 22 CT., APT. #102 HIALEAH, FL 33016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Raul Gonzalez 1814 San Antonio Way M 302 Viera FL 32955</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS Leidy L. Rojas 1814 San Antonio way M 302 Viera FL 32955</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #