

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90040 036 \*\*\*150.00

<b>DOCUMENT # P04000063170</b>					
<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> 1814 SAN ANTONIO WAY H 302 VIERA, FL 32955		
<b>2. Principal Place of Business</b> 50 NEEDLE BLVD Suite, Apt. #, etc. UNIT 5		<b>3. Mailing Address</b> 50 NEEDLE BLVD Suite, Apt. #, etc. UNIT 5			
<b>City &amp; State</b> MERRIT ISLAND		<b>City &amp; State</b> MERRIT ISLAND		<b>4. FEI Number</b> 20-1006702	
<b>Zip</b> 32953		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GONZALEZ, RAUL 1814 SAN ANTONIO WAY H 302 VIERA, FL 32955			<b>7. Name and Address of New Registered Agent</b> Name: GONZALEZ, RAUL Street Address (P.O. Box Number is Not Acceptable): 50 NEEDLE BLVD UNIT 5 City: MERRIT ISLAND FL Zip Code: 32953		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: GONZALEZ, RAUL STREET ADDRESS: 1814 SAN ANTONIO WAY H 302 CITY-ST-ZIP: VIERA, FL 32955	<input type="checkbox"/> Delete		TITLE: P NAME: GONZALEZ, RAUL STREET ADDRESS: 50 NEEDLE BLVD UNIT 5 CITY-ST-ZIP: MERRIT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VS NAME: GUTIERREZ, HECTOR STREET ADDRESS: 1814 SAN ANTONIA WAY H302 CITY-ST-ZIP: VIERA, FL 32955	<input type="checkbox"/> Delete		TITLE: VS NAME: LEIDY, L ROTAS STREET ADDRESS: 50 NEEDLE BLVD UNIT 5 CITY-ST-ZIP: MERRIT ISLAND, FL 32953	<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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 02/11/06 (321) 243-5888 Daytime Phone #		