

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |         |                                                                                    |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P04000121611</b>                                                                                                                                                                                                |         |  |         |
| 1. Entity Name<br><b>RULIN REAL ESTATE CORPORATION</b>                                                                                                                                                                        |         |                                                                                    |         |
| Principal Place of Business<br><b>6812 NW 77TH COURT<br/>MIAMI FL 33166</b>                                                                                                                                                   |         | Mailing Address<br><b>6812 NW 77TH COURT<br/>MIAMI FL 33166</b>                    |         |
| 2. Principal Place of Business                                                                                                                                                                                                |         | 3. Mailing Address                                                                 |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |         | Suite, Apt. #, etc.                                                                |         |
| City & State                                                                                                                                                                                                                  |         | City & State                                                                       |         |
| Zip                                                                                                                                                                                                                           | Country | Zip                                                                                | Country |
| 6. Name and Address of Current Registered Agent<br><br><b>JUNCO, MANUEL R PD<br/>2257 QUAIL ROOST DR.<br/>WESTON FL 33327</b>                                                                                                 |         |                                                                                    |         |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                                                                                       |         |                                                                                    |         |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small>                                                    |         |                                                                                    |         |
| DATE _____                                                                                                                                                                                                                    |         |                                                                                    |         |



1st MOORE CR2E034 (10/05)

4. FEI Number **20-1544265** Applied For  
Not Applied

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

8. Election Campaign Financing **\$5.00** May  
Trust Fund Contribution. ☐ Added to Fee

| 10. OFFICERS AND DIRECTORS                     |                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                         |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JUNCO, MANUEL R PD<br>2257 QUAIL ROOST DR<br>WESTON FL 33327 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000419330</b><br><b>02/15/06-80003-013 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: **X**

*[Handwritten Signature]*

**1-31-06**