2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2007 08:00 AM **DOCUMENT # P04000121611 Secretary of State** 1. Entity Name **RULIN REAL ESTATE CORPORATION** Mailing Address Principal Place of Business 6812 NW 77TH COURT 6812 NW 77TH COURT MIAMI, FL 33166 MIAMI, FL 33166 CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1544265 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JUNCO, MANUEL R PD 2257 QUAIL ROOST DR. WESTON, FL 33327 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 X (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of register FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JUNCO, MANUEL R PD 2257 QUAIL ROOST DR STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 TITLE U000000583684 NAME 01/12/07-80007-005 150.00 STREET ADDRESS CRY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TELE NAME STREET ADDRESS CITY-ST-ZIP

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 tiber like empowered.

SIGNATURE: * <

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytims Phone #

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