


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90106 006 \*\*\*150.00

**DOCUMENT # P04000169679**

1. Entity Name  
**MENENDEZ-RUIZ, INC.**



Principal Place of Business  
**301 N.E. 6TH STREET  
 BELLE GLADE,, FL 33430**

Mailing Address  
**301 N.E. 6TH STREET  
 BELLE GLADE,, FL 33430**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**MENENDEZ, ALEJANDRO J.  
 301 N.E. 6TH STREET  
 BELLE GLADE,, FL 33430**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**  Delete  
 NAME **MENENDEZ, ALEJANDRO J**  
 STREET ADDRESS **301 N.E. 6TH STREET**  
 CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **VP**  Delete  
 NAME **MENENDEZ, OSCAR**  
 STREET ADDRESS **301 N.E. 6TH STREET**  
 CITY-ST-ZIP **BELLE GLADE,, FL 33430**

TITLE **S**  Delete  
 NAME **MENENDEZ, OSCAR**  
 STREET ADDRESS **301 N.E. 6TH STREET**  
 CITY-ST-ZIP **BELLE GLADE,, FL 33430**

TITLE **T**  Delete  
 NAME **MENENDEZ, ALEJANDRO J**  
 STREET ADDRESS **301 N.E. 6TH STREET**  
 CITY-ST-ZIP **BELLE GLADE,, FL 33430**

TITLE  Delete

TITLE  Delete

TITLE  Delete

TITLE  Delete

TITLE  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition

TITLE  Change  Addition  
 NAME **VP/S Ruiz, Oscar**  
 STREET ADDRESS **301 NE 6th St.**  
 CITY-ST-ZIP **Belle Glade, FL 33430**

TITLE  Change  Addition

TITLE  Change  Addition



03292005 Chg-P CR2E034 (10/03)

4. FEI Number **20-2476509** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **VP**  Delete  
 NAME **MENENDEZ, OSCAR**  
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TITLE **T**  Delete  
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TITLE  Change  Addition

TITLE  Change  Addition

SIGNATURE: Alejandro J Menendez **ALEJANDRO J MENENDEZ** 3-31-05 561 261-3902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #