


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000169679
 1. Entity Name
MENENDEZ-RUIZ, INC.



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

DO NOT WRITE IN THIS SPACE



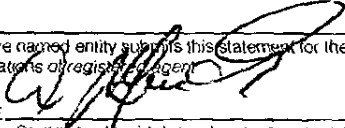
04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2476509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
MENENDEZ, ALEJANDRO J
301 N.E. 6TH STREET
BELLE GLADE,, FL 33430

DO NOT WRITE 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:  DATE: **4-17-06**

Signature, typed or printed name of registered agent and city & state, as applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P MENENDEZ, ALEJANDRO J 301 N.E. 6TH STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S RUIZ, OSCAR 301 N.E. 6TH STREET BELLE GLADE,, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENENDEZ, ALEJANDRO J 301 N.E. 6TH STREET BELLE GLADE,, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000520223
 05/02/06-80084-024 150.00

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4-17-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #