


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 23, 2007 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



07092007 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 |

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

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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: Alejandro J. Menendez DATE: 7-17-07

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

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

U00000770041
 07/23/07-80005-019 550.00

| 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 | |

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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.

SIGNATURE: Alejandro J. Menendez Date: 7-17-07

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