


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90016 038 ***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
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DO NOT WRITE IN THIS SPACE



04212008 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**

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 _____

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENENDEZ, ALEJANDRO J
STREET ADDRESS	301 N.E. 6TH STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	VP/S
NAME	RUIZ, OSCAR
STREET ADDRESS	301 N.E. 6TH STREET
CITY-ST-ZIP	BELLE GLADE,, FL 33430
TITLE	T
NAME	MENENDEZ, ALEJANDRO J
STREET ADDRESS	301 N.E. 6TH STREET
CITY-ST-ZIP	BELLE GLADE,, FL 33430
TITLE	P
NAME	MENENDEZ, ALEJANDRO J
STREET ADDRESS	1141 N.E 23RD ST
CITY-ST-ZIP	BELLE GLADE FL. 33430
TITLE	VP/S
NAME	RUIZ OSCAR
STREET ADDRESS	1141 N.E 23RD ST
CITY-ST-ZIP	BELLE GLADE FL. 33430
TITLE	T
NAME	MENENDEZ ALEJANDRO J
STREET ADDRESS	1141 N.E 23RD ST
CITY-ST-ZIP	BELLE GLADE FL. 33430

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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 an other like empowered.

SIGNATURE: Alejandro Menendez **4-21-08 561-503-6253**

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