

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90030 010 \*\*\*150.00

DOCUMENT # P05000008905



1. Entity Name  
 MIRIAM G. RUIZ P.A.

Principal Place of Business  
 6700 EAGLE TREE CT  
 NORTH FORT MYERS, FL 33917

Mailing Address  
 6700 EAGLE TREE CT  
 NORTH FORT MYERS, FL 33917

40008217



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-2182614

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONDONO, MARILYN  
 13180 N CLEVELAND AVE  
 318  
 NORTH FORT MYERS, FL 33903

Name *MIRIAM G. RUIZ*

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

*6700 EAGLE TREE CT.*

City *NORTH FORT MYERS* FL

Zip Code *33917*

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 *[Signature]*

Signature, typed or printed name of registered agent as applicable

(NOTE: Registered Agent signature required when reinstating)

*1/29/07*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	<input type="checkbox"/> Delete
P	RUIZ, MIRIAM G	6700 EAGLE TREE CT	NORTH FORT MYERS, FL 33917	<input type="checkbox"/>
VP	RUIZ, MIRIAM G	6700 EAGLE TREE CT	NORTH FORT MYERS, FL 33917	<input type="checkbox"/>
D	RUIZ, MIRIAM G	6700 EAGLE TREE CT	NORTH FORT MYERS, FL 33917	<input type="checkbox"/>
T	RUIZ, MIRIAM G	6700 EAGLE TREE CT	NORTH FORT MYERS, FL 33917	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/07*

Date

DeVino Phone #