2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2008 8:00 am Secretary of State

DOCUMENT # P05000008905 1. Entity Name MIRIAM G. RUIZ P.A.					ą	07-14-2008	90030 039) ***150).00	
Principal Place	e of Business	Mailing Address	Mailing Address							
6700 EAGLE TREE CT NORTH FORT MYERS, FL 33917		6700 EAGLE TREE CT NORTH FORT MYERS, FL 33917								
HORITTON MIERS, TE 33517			L 3331	11		A MRINA MILLI ANIA ESCAL SEL		i inici naini siir		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07092008	Chg-P	CR2E034	1 (12/06)		
City & State		City & State			4. FEI Numb 20-218				plied For LApplicable	
Zip Country		Zip Coun		itry	5. Certificate of Status Desired Search Sear					
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name								
RUIZ, MIRIAM G 6700 EAGLE TREE CT NORTH FORT MYERS, FL 33917				Street Address (P.O. Box Number is Not Acceptable)						
				Sileat Address (F.O. Box Number is Not Acceptable)						
## ## ## ## ## ## ## ## ## ## ## ## ##				City	ity Et Zip Code					
				'	FL '					
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, typed or printed name of regustered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign F Trust Fund Contribution					\$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II						
TITLE NAME			TITE.	i			ļ	Change	☐ Addition	
STREET ADDRESS	6700 EAGLE TREE CT		STRE	EET ADDRESS						
CITY-ST-ZIP				'-ST-ZIP				Chann	- Ariellian	
TITLE NAME	VP		I				Change	Addition		
STREET ADDRESS	6700 EAGLE TREE CT		EET ADDRESS							
CITY-ST-ZIP				'-ST-ZIP				Change	☐ Addition	
NAME	RUIZ, MIRIAM G	☐ Delete	NAM	1			ļ	Unange	☐ Addition	
STREET ADDRESS				EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP	NORTH FORT MYERS, FL 339	Delete	TITL					☐ Change	☐ Addition	
NAME	RUIZ, MIRIAM G	☐ Delete	NAN	l l			'			
STREET ADDRESS CITY-ST-ZIP	6700 EAGLE TREE CT NORTH FORT MYERS, FL 339	17		EET ADDRESS '-ST-ZIP						
TITLE	NORTH FORT WITERS, FL 339	□ Delete	TITL					☐ Change	☐ Addition	
NAME		Dente	NAM	16				_	_	
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '- ST- ZIP						
TITLE .		Delete ``	, Int.	1	-			☐ Change	Addition	
NAME STREET ADDRESS			NAM STRI	ME EET ADDRESS				-		
CITY-ST-ZIP				/-ST-ZIP	*					
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 adojess, with all other like empowered.										