

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000015772

1. Entity Name

CESAR A. RUIZ, P.A.



FILED

06 SEP -1 PM 12:28

SECRETARY OF STATE



07/31/06 90007 017
2nd MOORE CR2E034 (4/06) \$150.00

Principal Place of Business
5150 CHEROKEE AVENUE
MIAMI BEACH FL 33140
US

Mailing Address
5150 CHEROKEE AVENUE
MIAMI BEACH FL 33140
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

202726139

Applied For

Not Applicable

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

BAPTY, MATTHEW C
4625 SW 31 DR.
HOLLYWOOD FL 33023

Name

Michael Stein CPA

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

1120 North Kendall Drive

City

Miami

FL

Zip Code

33176

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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RUIZ, CESAR A
5150 CHEROKEE AVENUE
MIAMI BEACH FL 33140

☐ Delete

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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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/06

305-491-4720

Date

Daytime Phone #