

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90107 046 ***150.00

DOCUMENT # P05000038397

1. Entity Name
**RUKABU ALLSTAR TRAINING AND FITNESS CENTER,
INC.**



Principal Place of Business
**140 COMMERCIAL WAY
SPRINGHILL, FL 34606**

Mailing Address
**140 COMMERCIAL WAY
SPRINGHILL, FL 34606**

50013705



2. Principal Place of Business
CORRECT ADDRESS
Suite, Apt. #, etc.

3. Mailing Address
2010 TRENTON AVE
Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State

City & State
SPRINGHILL FL

4. FEI Number
20-3172883

Applied For
Not Applicable

Zip Country

Zip Country
34606 HERANANDO

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DESOUZA, RICARDO
2010 TRENTON AVE
SPRINGHILL, FL 34606**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **RICARDO DE SOUZA CEO** **4-15-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **CEO** **RICARDO** ☐ Delete
NAME **DESOUZA, RICHARDO**
STREET ADDRESS **2010 TRENTON AVE.**
CITY-ST-ZIP **SPRINGHILL, FL 34606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06 352-6888263

Date

Daytime Phone #