

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2007 8:00 am
Secretary of State

07-13-2007 90089 008 ***150.00
09-07-2007 90002 012 ***400.00

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1. Entity Name
RUTHY CORPORATION



Principal Place of Business

601 NW 109 AVE
9B
MIAMI, FL 33172

Mailing Address

601 NW 109 AVE
9B
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



08032007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2631174

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETERO, RUTH A
601 NW 109 AVE.
9B
MIAMI, FL 33172

**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

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 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME	P CORNETERO, RUTH A
STREET ADDRESS	601 NW 109 AVE # 9B
CITY-ST-ZIP	MIAMI, FL 33172
TITLE NAME	VP CORNETERO, PORFIRIO
STREET ADDRESS	601 NW 109 AVE # 9B
CITY-ST-ZIP	MIAMI, FL 33172
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

8/30/07

Date

786-3442072

Daytime Phone #