2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000068219

1. Entity Name
RUBIELOS, INC.

Principal Place of Business	Mailing Address
2600 S.W. 3RD AVENUE # 800 A MIAMI, FL 33129 US	2600 S.W. 3RD AVENUE # 800 A MIAMI, FL 33129 US

01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2810147
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACEVEDO, RAFAEL A
2600 S.W. 3RD AVENUE
800 A
MIAMI, FL 33129

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	DILODOVICO, AMADEO SR.
STREET ADDRESS	2600 S.W. 3RD AVENUE # 800 A
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VP
NAME	DILODOVICO, ANNA
STREET ADDRESS	2600 S.W. 3RD AVENUE # 800 A
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	S
NAME	ACEVEDO, RAFAEL A
STREET ADDRESS	2600 S.W. 3RD AVENUE # 800 A
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	T
NAME	DILODOVICO, SALVADOR
STREET ADDRESS	2600 S.W. 3RD AVENUE # 800 A
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VP
NAME	DILODOVICO, HERMINIO
STREET ADDRESS	2600 S.W. 3RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/07-80011-019 158.75

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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: Rafael A. Acevedo 1-24-07 305 856-7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #