

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # P05000068219

1. Entity Name
RUBIELOS, INC.



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

Mailing Address
**2600 S.W. 3RD AVENUE
800 A
MIAMI, FL 33129 US**



01162008 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**

**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 \$150.00
After May 1, 2008 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	

**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

1-16-08

Date

305-856-7586

Daytime Phone #