

# 2008 Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 JUN 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000120438

1. Corporation Name

"RUBIO'S" TRUCK REPAIR, Corp.

2. Principal Office Address - No P.O. Box #

13930 N.W. 20 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

13930 N.W. 20 AVE.

Suite, Apt. #, etc.

City & State

OPALOCKA, FLORIDA

City & State

OPALOCKA, FLORIDA

Zip

33054

Country

USA

Zip

33054

Country

USA.

4. Date Incorporated or Qualified To Do Business in Florida

8/30/2005

5. FEI Number

203388872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUBEN RODRIGUEZ

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

1110 N.E. 212 TERRACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Ruben R Rodriguez  
REGISTERED AGENT MUST SIGN

Date 6/06/2008.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RODRIGUEZ, RUBEN D.	1110 N.E. 212 Terrace	Miami, Fl. 33179.
TR	RODRIGUEZ, RUBEN D.	1110 N.E. 212 Terrace	Miami, Fl. 33179.
VP	INIRIO, MARILUZ	1110 N.E. 212 Terrace	Miami, Fl. 33179.

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ruben R Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/06/2008

Date

305-687-5030.

Daytime Phone #