## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P05000155326** 1. Entity Name GILBERTO RUIZ, P.A. Mailing Address Principal Place of Business 2321 NE 211 STREET 2321 NE 211 STREET NORTH MIAMI BEACH, FL 33180 NORTH MIAMI BEACH, FL 33180 No Chg-P CR2E034 (11/05) 04142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3780858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWAN, LAWRENCE DO NOT WRITE 709 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914 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 AWRENCE SWAN 4-22-08 SIGNATURE\_ (NOTE: Registered Agent aignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000923968 П Trust Fund Contribution. Added to Fees 05/16/08-80050-020 150.00 OFFICERS AND DIRECTORS 10. DPVP TITLE RUIZ, GILBERTO NAME STREET ADDRESS 2321 NE 211 STREET NORTH MIAMI BEACH, FL 33180 CITY-ST-ZIP TITLE ST RUIZ, GILBERTO NAME 2321 NE 211 STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

GILBERTO RUIZ

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Daytime Phone #

**FILED**