## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** May 05, 2008 08:00 Al Secretary of State DOCUMENT # P06000001440 1. Entity Name RUCHT D'OLEO DESIGNS INC. Principal Place of Business Mailing Address 773 NE 125 STREET 773 NE 125 STREET NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 No Chg-P CR2E034 (11/05) 04242008 DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 20-4083555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, LOUIS D. DO NOT WRITE 13446 SW 62 ST. MIAMI, FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 <del>U00000947572</del> 10. OFFICERS AND DIRECTORS 06/02/08-80020-014 150.00 TITLE NAME D'OLEO, RUCHT M. STREET ADDRESS 437 NE 82ND ST., #16 CITY-ST-ZIP MIAMI, FL 33138 TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THIE

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 suppliemental 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 of 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: (

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS C(TY-ST-7)2

ONG OFFICER OR DIRECTOR