## 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000010231

FILED
Feb 11, 2008 8:00 am
Secretary of State

1. Entity Name RUIZ INVESTMENT ENTERPRISES INC					02-11-2008 90049 004 ***150.00				
Principal Place 8725 NW 18 219 MIAMI, FL 33	TE	Mailing Address 8725 NW 18 TE 219 MIAMI, FL 33172		3					
2 Principal Place of Business - No P.O. Box # 3 Mailing Address			124 AU						
Suite, Apt.	#, etc.	Suite, Apt. #, etc. # 202		01312008	B Chg-P	CR2E03	4 (12/06)	·	
City & State	Miami, FL	City & State HIAMI, FC		4. FEI Nun 20-41	Not Applicable				
<sup>Zip</sup> <b>3</b> 3	183 COUNTY DADE	Zip 33183	DADE		te of Status Desired	F	8.75 Addi ee Required		
	6. Name and Address of Current F	tegistered Agent			nd Address of New R	egistered A	gent		
RUIZ, ARMANDO JR					IZ, HRMANDO JR				
8725 NW 18 TE 219 Street Addres				dress (P.Ó. Box Nun	s (P.Ó. Box Number is Not Acceptable)				
				WITE #20	2				
City D				Mirmi		FL	Zip Code	3183	
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 a	e required when reinstating)		DATE		<u> </u>			
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees					
10.	OFFICERS AND I	DIRECTORS	11.	ADDITION	S/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE	Р	☐ Delete	TITLE	P			Change	☐ Addition	
NAME	RUIZ, ARMANDO JR		NAME	RUIZ ARM	MDO VR IL	000			
STREET ADDRESS CITY-ST-ZIP	8725 NW 18 TR #219 MIAMI, FL 33172		STREET ADDRESS CITY-ST-ZIP	MIAMI.	124 AVE # FL 33183	202			
TITLE	WIPOWI, I C 33172	Delete	TITLE		VC 20100	<u>,                                     </u>	☐ Change	Addition	
NAME	,	□ Ociete	NAME						
STREET ADDRESS			STREET ADDRESS					}	
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CITY-ST-ZIP			CITY-ST-ZIP					- Addition	
TITLE		☐ Delete	TITLE NAME				Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby indicated of the columns	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustae empor	this filling does not qualify for true and accurate and that my world to execute this report a fifth all other life empowered	the exemptions or y signature shall has s required by Cha	ontained in Chapter ave the same legal e opter 607, Florida Sta	119, Florida Statutes. ffect as if made under lutes; and that my nam	I further cert oath; that I a ne appears in	fy that the in m an officer n Block 10 or	or director Block 11 if	