



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2008 90048 018 ***150.00

DOCUMENT # P06000018411 1. Entity Name RUIZ MANAGEMENT GROUP, INC					
Principal Place of Business 8725 NW 18 TE 219 DORAL, FL 33172			Mailing Address 8725 NW 18 TE 219 DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box # 8501 SW. 124 AVE		3. Mailing Address 8501 SW. 124 AVE			
Suite, Apt. #, etc. SUITE #202		Suite, Apt. #, etc. SUITE #202			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33183		Country DADE			
4. FEI Number 20-4273183		Applied For <input type="checkbox"/> Not Applicable		01312008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ARMANDO, RUIZ 8725 NW 18 TE 219 DORAL, FL 33172	
7. Name and Address of New Registered Agent Name ARMANDO RUIZ Street Address (P.O. Box Number is Not Acceptable) 8501 SW. 124 AVE SUITE #202 City MIAMI FL Zip Code 33183				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RUIZ, ARMANDO STREET ADDRESS 8725 NW 18 TE 219 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE P NAME RUIZ, ARMANDO STREET ADDRESS 8501 SW. 124 AVE SUITE #202 CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SIBLESZ, LANI STREET ADDRESS 8725 NW 18 TE CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE VP NAME SIBLESZ LANI STREET ADDRESS 8501 SW. 124 AVE #202 CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/5/08 (305) 718-1100 <small>Daytime Phone #</small>		