
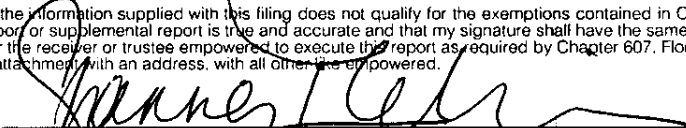


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90044 027 ***150.00

DOCUMENT # P06000047172																																																																																																																																			
1. Entity Name JOSEPH RUBIN ENTERPRISES INC																																																																																																																																			
Principal Place of Business 5311 CINNAMON FERN BLVD PORT ST JOHN, FL 32927			Mailing Address P.O. BOX 631 TITUSVILLE, FL 32781																																																																																																																																
2. Principal Place of Business - No P.O. Box # 1138 MACON DR		3. Mailing Address 1138 MACON DR																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State Titusville, FL 32780		City & State Titusville, FL		4. FEI Number 20-4615703																																																																																																																															
Zip 32780		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent RUBIN, JOSEPH C 5311 CINNAMON FERN BLVD PORT ST JOHN, FL 32927			7. Name and Address of New Registered Agent Name: JOSEPH RUBIN Street Address (P.O. Box Number is Not Acceptable): 1138 MACON DR City: Titusville FL Zip Code: 32780																																																																																																																																
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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 the empowered.																																																																																																																																			
SIGNATURE:  2/5/2007																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			

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