2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-05-2007 90089 002 ***150.00

DOCUMENT # P06000054353

1. Entity Name
SUSAN T. RUBIN, INC.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD. STE. 400 MIAMI FL 33181	12000 BISCAYNE BLVD. STE. 400 MIAMI FL 33181

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2901 South Bayshore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 400	
City & State		City & State Miami Florida	
Zip	Country	Zip 33181	Country USA

4. FEI Number 20-4692200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, SUSAN T
12000 BISCAYNE BLVD.
STE. 400
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RUBIN, SUSAN T 12000 BISCAYNE BLVD. MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Susan T Rubin 2901 South Bayshore Drive 17F Miami Florida 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUBIN, SUSAN T 12000 BISCAYNE BLVD, MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Susan T Rubin 2901 South Bayshore Drive 17F Miami Florida 33133	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Susan T Rubin 1/28/07 305 4469224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #