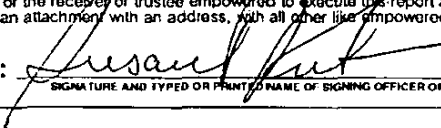


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 12000 BISCAYNE BLVD. STE. 400 MIAMI FL 33181			Mailing Address 12000 BISCAYNE BLVD. STE. 400 MIAMI FL 33181		
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		4. FEI Number 20-4692200	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
33181	USA	33181	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUBIN, SUSAN T 12000 BISCAYNE BLVD. STE. 400 MIAMI FL 33181			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ (NOTE: Registered Agent signature required when re-registering) 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					
TITLE	PS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUBIN, SUSAN T		NAME	Susan T Rubin	
STREET ADDRESS	12000 BISCAYNE BLVD.		STREET ADDRESS	2901 South Bayshore Drive 17F	
CITY - ST - ZIP	MIAMI FL 33181		CITY - ST - ZIP	Miami Florida 33133	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUBIN, SUSAN T		NAME	Susan T Rubin	
STREET ADDRESS	12000 BISCAYNE BLVD.		STREET ADDRESS	2901 South Bayshore Drive 17F	
CITY - ST - ZIP	MIAMI FL 33181		CITY - ST - ZIP	Miami Florida 33133	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Susan T Rubin / 2/22/07 305 4469224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		