

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054618

Entity Name: RUIZ'S HANDY MAN, INC.

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

607 DOHENY WAY  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

607 DOHENY WAY  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

607 DOHENY WAY  
CASSELBERRY, FL 32707 US

## New Mailing Address:

607 DOHENY WAY  
CASSELBERRY, FL 32707 US

FEI Number: 20-4712014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, IN  
2471 E SEMORAN BLVD  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC  
2471 E SEMORAN BLVD  
APOPKA, FL 32703 US

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.

SIGNATURE: DANIEL ALVAREZ

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete  
Name: RUIZ, ISMAEL  
Address: 607 DOHENY WAY  
City-St-Zip: CASSELBERRY, FL 32707 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISMAEL RUIZ

PTS

04/18/2007

Electronic Signature of Signing Officer or Director

Date