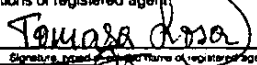
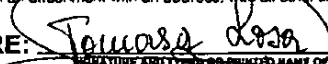


FILED
Apr 06, 2007 8:00 am
Secretary of State

03-27-2007 90009 046 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000068417			
1. Entity Name RULY, INC.			
Principal Place of Business 9125 SW 77TH AVENUE 604 MIAMI, FL 33156		Mailing Address 9125 SW 77TH AVENUE 604 MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O M. CRISTINA ROMERO ASSOC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9400 S. DADELAND BLVD #110	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33156	USA	33156	USA
4. FEI Number		03212007 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTAMARIA, CARLOS 199 OCEAN LANE DRIVE 314 KEY BISCAVNE, FL 33149		Name TOMASA LOSA FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) C/O M. CRISTINA ROMERO ASSOC 9400 S. DADELAND BLVD #110 City MIAMI FL Zip Code 33156	
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 		TOMASA LOSA FERNANDEZ 3-22-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P SANTAMARIA, CARLOS 199 OCEAN LANE DRIVE #314 KEY BISCAVNE, FL 33149 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TOMASA LOSA FERNANDEZ 9125 SW 77 AVE #604 MIAMI FL 33156 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTAMARIA, CARLOS 199 OCEAN LANE DRIVE #314 KEY BISCAVNE, FL 33149 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SANTAMARIA, CARLOS 199 OCEAN LANE DRIVE #314 KEY BISCAVNE, FL 33149 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: 		TOMASA LOSA FERNANDEZ 3/22/07 305-670-8428	
SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #	