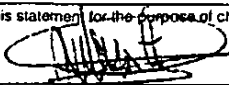


2008 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
Apr 10, 2008 8:00 am
Secretary of State

03-24-2008 90055 003 ***150.00

DOCUMENT # P06000068417			
1. Entity Name RULY, INC.			
Principal Place of Business 9125 SW 77TH AVENUE 604 MIAMI, FL 33156		Mailing Address %M CRISTINA ROMEROL ASSOC 9400 S DADELAND BLVD #110 MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FERNANDEZ, TOMASA L %M CRISTINA ROMEROL ASSOC 9400 S DADELAND BLVD #110 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name AITOR GARCIA Street Address (P.O. Box Number is Not Acceptable) C/O M. CRISTINA ROMERO 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  AITOR GARCIA DATE 3-19-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD FERNANDEZ, TOMASA L 9125 SW 77 AVE #604 MIAMI, FL 33156 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AITOR GARCIA 9125 SW 77 AVE #604 MIAMI, FL 33156 ☐ 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
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:  AITOR GARCIA		DATE: 3-19-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66006338



02152008 Chg-P CR2E034 (12/06)

4. FEI Number **APPLIED FOR 32-0240580** Applied For Not Applicable

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