FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000064479

1. Entity Name

RUBEN CHAVEZ INVESTMENT INC

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5190 MOBILE HWY	5190 MOBILE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PENSACOLA	PENSACOLA
City & State	City & State
FLORIDA	FLORIDA
Zip / Country	Zip / Country
32526 / ESCAMBIA	32526 / ESCAMBIA

4. FEI Number 26-2940418 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: RUBEN CHAVEZ

Street Address (P.O. Box Number is Not Acceptable): 5190 MOBILE HWY

City: PENSACOLA FL Zip Code: 32526

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: RUBEN CHAVEZ — Ruben Chavez — 6-9-11

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re instating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	RUBEN CHAVEZ
STREET ADDRESS	5190 MOBILE HWY
CITY-ST-ZIP	PENSACOLA, FLORIDA 32526
TITLE	VP
NAME	FERNANDO CHAVEZ
STREET ADDRESS	3611 SANDICREST DR
CITY-ST-ZIP	CANTONMENT FL. 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Ruben Chavez — 6-9-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #