

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90126 028 ***158.75

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1. Entity Name
RUIZ OF MIAMI CORP.



Principal Place of Business
1770 NW 183RD ST
MIAMI, FL 33056 US

Mailing Address
1770 NW 183RD ST
MIAMI, FL 33056 US

00021847



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0520953

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUIZ, RAFAEL
1770 NW 183RD ST
MIAMI, FL 33056

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUIZ, RAFAEL
STREET ADDRESS 1770 NW 183RD ST
CITY-ST-ZIP MIAMI, FL 33056

TITLE STD
NAME RUIZ, ANTONIO
STREET ADDRESS 1770 NW 183RD ST
CITY-ST-ZIP MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL Ruiz, president 3/22/06

Date

Daytime Phone #