

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P93000012356

1. Entity Name

JOHN H. RUIZ, P.A.



Principal Place of Business

198 NW 37TH AVE.
MIAMI FL 33125

Mailing Address

198 NW 37TH AVE.
MIAMI FL 33125

2. Principal Place of Business

5040 NW 7ST

3. Mailing Address

5040 NW 7ST

Suite, Apt. #, etc.

920

Suite, Apt. #, etc.

920

City & State

Miami, FL

City & State

Miami, FL

Zip

33126 U.S.A.

Zip

33126 U.S.A.

Country

U.S.A.

6. Name and Address of Current Registered Agent

RUIZ, JOHN H
198 NW 37TH AVE.
MIAMI FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip-Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 P Delete
NAME RUIZ, JOHN H
STREET ADDRESS 198 NW 37TH AVE.
CITY-ST-ZIP MIAMI FL 33125

TITLE RUIZ, JOHN H Change Addition
NAME 5040 NW 7ST #920
STREET ADDRESS
CITY-ST-ZIP Miami, FL 33126

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John H. Ruiz John H. Ruiz 4-14-04 (305) 649-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #