



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90037 010 \*\*\*158.75

<b>DOCUMENT # P94000037914</b> 1. Entity Name <b>RUBY &amp; JEAN'S CUISINE, INC.</b>					
Principal Place of Business <b>2100 N.W. 183 STREET</b> <b>MIAMI, FL 33053 US</b>			Mailing Address <b>2100 N.W. 183 STREET</b> <b>MIAMI, FL 33053 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1351 SW 141 Ave</b>		3. Mailing Address <b>1351 SW 141 Ave</b>		  05062008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Apt 409B.</b>		Suite, Apt. #, etc. <b>APT 409B.</b>			
City & State <b>Pembroke Pines FLA</b>		City & State <b>Pembroke Pines FLA</b>			
Zip <b>33027</b>		Zip <b>33027</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0495015</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WEAVER, EUGENIA</b> <b>16720 N.W. 81 AVENUE</b> <b>MIAMI, FL 33016</b> <b>1351 SW 141 Ave</b> <b>Pembroke Pines FLA 33027</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Eugenia Weaver</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input type="checkbox"/> Delete <b>WEAVER, EUGENIA</b> <b>16720 N.W. 81 AVENUE</b> <b>MIAMI, FL 33016</b> <b>1351 SW 141 Ave</b> <b>Pembroke Pines FLA 33027</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Eugenia Weaver</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

401.04.091

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)**Annual Report Online Filing**Document Number **P94000037914**Business Entity Name **RUBY & JEAN'S CUISINE, INC.**FEI Number **65** - **0495015**FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**Address **1351S.W.141 Avenue** (PO Box not acceptable)Suite, Apt. #, etc. **409G**City, State **Pembroke Pines**, **FL**Zip Code & Country **33027** **US****Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal addressAddress **1351S.W.141 Avenue**Suite, Apt. #, etc. **409G**City, State **Pembroke Pines**, **FL**Zip Code & Country **33027** **US****Name And Address of Registered Agent**Name (Last, First, Middle, Title) **WEAVER**, **EUGENIA**, ,

- OR -

Business to serve as RA

Street Address in Florida **1351S.W.141 Avenue** (PO Box not acceptable)Suite, Apt. #, etc. **409G**City, State **Pembroke Pines**, **FL**

ATTACHMENT

40104091

#P94000037914

Zip Code &amp; Country

33027

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Eugenia Weaver

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

PTD

Name (Last, First, Middle, Title)

WEAVER

EUGENIA

- OR -

Entity Name to serve as Officer/Director

Street Address

1351S.W.141 Avenue

City, State

Pembroke Pines

FL

Zip Code &amp; Country

33027

**Name And Address #2**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #3**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

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**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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