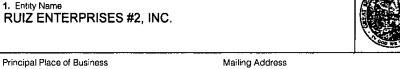
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000043878 RUIZ ENTERPRISES #2, INC.

FILED Mar 13, 2008 08:00 Al Secretary of State



1627 BRICKELL AVENUE 1627 BRICKELL AVENUE **SUITE 2806 SUITE 2806** MIAMI, FL 33129 MIAMI, FL 33129



02262008 No Chg-P CR2E034 (11/05)

4.	FEI Number		Applied For
	65-0502933	Г	Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Re	Additional

6. Name and Address of Current Registered Agent

BARRENECHE, JOSE M

14307 SW MIAMI, FL				N	THIS SPA	Œ	
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florid	a. I am familiar with	, and accept
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	·	\$5.00 May Be Added to Fees	. U000008 03/31/08-8	57163 (0004-001-1	50.00
10.	OFFICERS AND DIREC	TORS	学验到	可能的 所以	it it belt		STATE IS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RUIZ, NELSON O 1627 BRICKELL AVE SUITE 2806 MIAMI, FL 33129						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE		
TITLE NAME STREET ADDRESS CMY-ST-ZIP				IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 eath; 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. 00

SIGNATURE: _	Whin	NESSON	٥٠	Rui	7	3-6-08	
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR				Date	Daylime Phone #