


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000026746 1. Entity Name RUBAL OF BAL HARBOUR, CORP.	
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Principal Place of Business 10101 COLLINS AVE. STE. 21-E BAL HARBOUR, FL 33154	Mailing Address C/O SMITH & SUPRASKI, P.A. 2ND FLOOR, 2450 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH, FL 33180
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02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0696245	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A
2450 NE MIAMI GARDENS DR
SECOND FLOOR
NORTH MIAMI BEACH, FL 33180

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCA, OPHELIA A 10101 COLLINS AVE., STE. 21-E BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCA, JUAN 10101 COLLINS AVE., STE. 21-E BAL HARBOUR, FL 33154
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02/23/04-80035-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Ophelia Roca 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #