


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000026746																																		
1. Entity Name RUBAL OF BAL HARBOUR, CORP.																																		
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	 01232007 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-0696245</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0696245	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
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DO NOT WRITE IN THIS SPACE																																		
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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">P</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">ROCA, OPHELIA A</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">10101 COLLINS AVE., STE. 21-E</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">BAL HARBOUR, FL 33154</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">S</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">ROCA, JUAN</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">10101 COLLINS AVE., STE. 21-E</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">BAL HARBOUR, FL 33154</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	P	NAME	ROCA, OPHELIA A	STREET ADDRESS	10101 COLLINS AVE., STE. 21-E	CITY-ST-ZIP	BAL HARBOUR, FL 33154	TITLE	S	NAME	ROCA, JUAN	STREET ADDRESS	10101 COLLINS AVE., STE. 21-E	CITY-ST-ZIP	BAL HARBOUR, FL 33154	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 1000000608993 02/01/07-80031-016 150.00
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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 register 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>Opheia Roca</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/23/07</u> <small>Daytime Phone # _____</small>																																