## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: Z

## Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P95000039451** RUIZ LAW CENTRE, INC. Principal Place of Business Mailing Address 5040 NW 7 ST 5040 NW 7 ST 920 920 MIAMI, FL 33126 MIAMI, FL 33126 No Cha-P CR2E034 (11/05) 01092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0651958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUIZ, JOHN H ESQ. DO NOT WRITE 198 N.W. 37TH AVE. MIAMI, FL 33125 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE RUIZ, JOHN H NAME 5040 NW 7 ST # 920 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP TITLE NAME U00000684834 · · · · STREET ADDRESS 04/06/07/80048-017 150.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 true exemptowered 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 autrespread to execute the empowered.

AME OF SIGNING OFFICER OR DIRECTOR

**FILED**