## 200,7 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 08:00 AM Secretary of State

| DOCUMENT # P950000<br>1. Entity Name<br>RUBY REALTY CORP. |   |   |
|---|---|---|
| Principal Place of Business                               | Mailing Address                         |   |
| 1010 S.W. 86TH COURT<br>MIAMI, FL 33144                   | 1010 S.W. 86TH COURT<br>MIAMI, FL 33144 | • |



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0631105 Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| Æ | Name    | and  | Address   | nf I | Current  | Pagint | erod | Anna  |
|---|---------|------|-----------|------|----------|--------|------|-------|
|   | 1401110 | BIIG | MAIN GOO. | υı · | Carrelle | Nohier | GIOU | Myons |

MICHAELS, MARVIN D 1010 S.W. 86TH COURT MIAMI, FL 33144

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol>  |   |   |                              |              |  |  |  |
|---|---|---|------------------------------|--------------|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |                              |              |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00       | Election Campaign Finant     Trust Fund Contribution. | sing \$5.00 May Added to Fee |              |  |  |  |
| 10,   | OFFICERS AND DIREC  | TORS  |                              |              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CATINCHI, RODOLFO<br>1010 S.W. 86TH COURT<br>MIAMI, FL 33144 |   | •                            |              |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MELLA, MARY J<br>1010 S.W. 86TH COURT<br>MIAMI, FL 33144     |   |                              |              |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | D                            | O NOT WRITE  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | 11                           | N THIS SPACE |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                              |              |  |  |  |
| TITLE .<br>NAME   | : Á   |   |                              |              |  |  |  |
| STREET ADDRESS<br>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 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 attachingent with an address, with all other like empowered. |   |   |                              |              |  |  |  |