2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-11-2004 90014 024 ***150.00 DOCUMENT # P97000057074 RUBIO CREATIVE INVESTMENTS, INC. Principal Place of Business Mailing Address 1929 SE 21ST TERR 1318 LAFAYETTE ST. CAPE CORAL, FL 33904 CAPE CORAL, FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01162004 CR2E034 (10/03) 4 Chg-P 4. FEI Number Applied For City & State City & State 65-0820345 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, THOMAS W 1318 LAFAYETTE STREET Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, FL 33904 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Delete TITLE Addition ☐ Chance TITLE RUBIO-GARCIA, HEIKE NAME STREET ADDRESS 1929 SE 21ST TERR STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE DV ☐ Delete ☐ Change ☐ Addition RUBIO-GARCIA, HANS-RUDOLF NAME NAME 1929 SE 21ST TERR STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL, THOMAS W -NAME: NAME STREET ADDRESS 1318 LAFAYETTE ST. STREET ADDRESS CITY-ST-ZIP CAPRE CORAL, FL 33904 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

with all other like empowered.

changed, or on an attachmen

FILED

Mar 11, 2004 8:00 am