## 2007 FOR PROFIT CORPORATION

## **FILED**

| ANNUAL REPORT  |  |  |  | Jan 29, 2007 08:00 A      |                         |                    |                           |  |
|--|--|--|--|---------------------------|-------------------------|--------------------|---------------------------|--|
| 1  | CUMENT # P970000                                   |  |  | Secr                      | etary o                 | of State           |                           |  |
| 1. Entity Name<br>RUBIO CREATIVE INVESTMENTS, INC.   |  |  |  |                           |                         |                    |                           |  |
| #<br>#<br>#<br>#<br>#  |  |  |  |                           |                         |                    |                           |  |
| i  | l Place of Business                                | Mailing Address  |  |                           |                         |                    |                           |  |
|  | e 21st terr<br>Oral, Fl  33990                     | 1318 LAFAYETTE ST.<br>Cape Coral, FL 33904   | •  |                           |                         |                    |                           |  |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | ,  | •  |                           |                         |                    |                           |  |
|  | \$ 40 · · · · · · · · · · · · · · · · · ·          | All the same of th |  |                           |                         |                    |                           |  |
|  |  |  | 01102007   | No Chg-P                  | CR2E034 (1              | 1/05)              |                           |  |
| DO NOT WRITE IN THIS SPA   |  |  | CE   | 4. FEI Numb               |                         |                    | Applied For               |  |
| <br>   |  |  |  | 65-082                    |                         | 60.                | Not Applicable            |  |
|  |  |  |  | 5. Certificate            | of Status Desired       |                    | 75 Additional<br>Required |  |
| <u> </u>   | 6. Name and Address of Cur                         | rent Registered Agent  | -  |                           |                         |                    |                           |  |
| HILL, THOMAS W<br>1318 LAFAYETTE STREET  |  |  |  | DO                        | <b>NOT W</b>            | RITE               |                           |  |
| CAPE CORAL, FL 33904   |  |  | AAA  | IN -                      | THIS SP                 | ΔCF                |                           |  |
|  |  |  | Annual An | ***                       |                         | 2 140              |                           |  |
| 8. The   | above named entity submits this stateme            | nt for the purpose of changing its registe   | ered office or registe   | red agent, or bo          | th, in the State of Fic | orida. I am famili | ar with, and accept       |  |
| the c  | bligations of registered agent.                    |  |  |                           |                         |                    |                           |  |
| SIGNAT   | URE Signature, typed or printed name of registered | egent and title II applicable. (NOTE, Registr  | ered Agent signature require   | d when reinstating)       |                         | DATE               | ·                         |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution. |  |  |  | .00 May Be<br>led to Fees | U00000                  | 1608000            | 1 100 00                  |  |
| 10.  | <del></del>  | NND DIRECTORS  | _  | <del></del>               | <del>' U1/31/U1"</del>  | 16 66600           | i ibu.W                   |  |
| TITLE<br>NAME  | DPST<br>RUBIO-GARCIA, HEIKE                        | ·  |  |                           |                         |                    |                           |  |
| STREET AD  |  |  |  |                           |                         |                    |                           |  |
| TITLE  | DV CAPE CORAL, FL 33990                            |  | 1  |                           | •••                     | · ·                |                           |  |
| HAME   | RUBIO-GARCIA, HANS-RUE                             | OOLF   |  |                           |                         |                    |                           |  |
| STREET AD  | 1  |  |  |                           |                         |                    |                           |  |
| THTLE<br>NAME  | D<br>HILL, THOMAS W                                | <del></del>  |  |                           |                         |                    | *                         |  |
| SIREET AD  |  |  |  | DO                        | NOT W                   | DITE               |                           |  |
| CMY-ST-Z   | P CAPRE CORAL, FL 33904                            |  | 4  |                           | NOT W                   |                    |                           |  |
| TITLE<br>NAME  |  |  | l  | IN.                       | THIS SF                 | PACE               |                           |  |
| STREET AD  | ,  |  |  |                           |                         |                    |                           |  |
| TITLE  | If   |  |  | _                         |                         |                    |                           |  |
| NAME   |  |  |  |                           |                         |                    |                           |  |
| STREET ADI   |  |  |  |                           |                         |                    |                           |  |
| INFF   |  |  |  |                           |                         |                    |                           |  |
|  | 1  |  | -  |                           |                         |                    |                           |  |

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 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.

STREET ADDRESS

SIGNATURE: ABOUT OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #