


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000107290
 1. Entity Name
RONRUSS CORPORATION



Principal Place of Business Mailing Address
999 WASHINGTON AVENUE **2930 BISCAYNE BLVD**
MIAMI BEACH, FL 33139-5012 US **MIAMI, FL 33137 US**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0809946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALBUI, ABRAHAM
444 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	GALBUI, RUSSELL W
STREET ADDRESS	999 WASHINGTON AVENUE
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/29/04-80006-005 550.00

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12. I hereby certify that the information supplied with this filing 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 reports 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

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ _____
Date Daytime Phone #