2005 FOR PROFIT CORPORATION

Apr 29, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P97000109017 1. Entity Name RUBIN REAL ESTATE, INC. Mailing Address Principal Place of Business 15500 ROOSEVELT BLVD. SUITE 301 15500 ROOSEVELT BLVD. SUITE 301 CLEARWATER, FL 33760 CLEARWATER, FL 33760 04202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3487469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUBIN, LESLIE A 15500 ROOSEVELT BLVD., STE. 301 CLEARWATER, FL 33760 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 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ÞΠ RUBIN, LESLIE A NAME STREET ADDRESS 15500 ROOSEVELT BLVD STE 301 U00000341421 04/29/05-80015-021 150.00 CITY-ST-ZIP CLEARWATER, FL 33760 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie A Rubia

FILED