

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025430

FILED
Jul 05, 2007
Secretary of State

Entity Name: RENE RUIZ COUTURE, INC.

Current Principal Place of Business:

262 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

2700 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

262 MIRACLE MILE
CORAL GABLES, FL 33134

New Mailing Address:

2700 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

FEI Number: 65-0842550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITE, CATHERINE ESQ
799 BRICKELL PLAZA STE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: RUIZ, PABLO R
Address: 262 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: RUIZ, PABLO R
Address: 2700 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO RENE RUIZ

PRES

07/05/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date