2006 FOR PROFIT CORPORATION

SIGNATURE:

FILED Apr 07, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000085984 RUIZ INVESTMENT & DEVELOPMENT, INC. Principal Place of Business Mailing Address 5040 N.W. 7TH STREET, #920 5040 N.W. 7TH STREET, #920 MIAMI, FL 33126 US MIAMI, FL 33126 US march White Hills 03102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0878487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUIZ, JOHN H DO NOT WRITE 5040 N.W. 7TH STREET, #920 MIAMI, FL 33126 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RUIZ, JOHN H NAME 5040 N.W. 7TH STREET, #920 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33128 TITLE NAME ###21#**35**-8662**9-01**7 **150.00** STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET AGDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not equality 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 celt; that I am an officer or director of the corporation or the receiver of 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 otherlife empowered.

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #