

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90092 029 ***150.00

DOCUMENT # P99000005567 1. Entity Name J.D.L. RUBIO ENTERPRISES, INC.					
Principal Place of Business 7101 S. DIXIE HWY WEST PALM BEACH, FL 33415			Mailing Address 7101 S. DIXIE HWY WEST PALM BEACH, FL 33415		
2. Principal Place of Business - No P.O. Box # 7101 So DIXIE HWY		3. Mailing Address 7101 So. DIXIE HWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WEST PALM BEACH, FL 33405		City & State WEST PALM BEACH, FL		4. FEI Number 65-0887298	
Zip 33405		Country USA		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 RUBIO, JUAN 7101 S. DIXIE HWY WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name RUBIO, JUAN Street Address (P.O. Box Number is Not Acceptable) 7101 So DIXIE HWY City WEST PALM BEACH FL Zip Code 33405		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIO, JUAN 7101 S. DIXIE HWY WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE:			4-24-07 (561)547-8704		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		