


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2005 08:00 AM
Secretary of State

| | | | |
|---|---------|---|---------|
| DOCUMENT # P99000056919 | |  | |
| 1. Entity Name RUIZ ELECTRIC CORPORATION | | | |
| Principal Place of Business 8181 NW 91 TERRACE UNIT #4 MEDLEY FL 33166 | | Mailing Address 8181 NW 91 TERRACE UNIT #4 MEDLEY FL 33166 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent RUIZ, MARCEL D 10340 S.W. 37TH STREET MIAMI FL 33165 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 | P RUIZ, MARCEL D 1730 SW 99 AVENUE MIAMI FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | U00000200474 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/28/05-80032-002 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP RUIZ, JORGE 10340 SW 37TH STREET MIAMI FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 exemption stated in Section 119.07(3)(f), 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:

 MARCEL D. RUIZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 305-PPP-VFVY
Date Daytime Phone #