2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P99000084281 1. Entity Name 04-20-2004 90035 005 ***158.75 RUBAL & YERN INVESTMENTS, INC. Principal Place of Business Mailing Address 7920 WEST DR UNIT 17 7920 WEST DR UNIT 17 NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address 7985 W 4935 (2 Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 2014 13C 4. FEI Number Applied For City & State City & State 65-0958589 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired)SP USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YERN, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 7920 WEST DR UNIT 17 NORTH BAY VILLAGE FL 33141 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ٠10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P Robal, Ricardo E. TITLE TITLE Change ☐ Delete ☐ Addition NAME RUBAL LOPEZ, RICARDO E NAME 7985 W. Dr., Apt. 12 STREET ADDRESS 5501 3RD AVE., APT. 251 STREET ADDRESS STOCK ISLAND, KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP North Bay VIllage, FL 33141 VST hange TITLE ☐ Delete TITLE ☐ Addition Yern viviam GOMEZ, VIVIAM Y NAME NAME 7905 W. Dr., Apt. 12 5501 3RD AVE., APT. 251 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STOCK ISLAND, KEY WEST FL 33040 CITY-ST-7/P North Bay Village, FL 33141 TITLE ...Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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.

FILED

SIGNATURE: SIGNATURE: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-14-04 (305) 757-1157