

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90052 013 \*\*\*158.75

DOCUMENT # P99000084281

1. Entity Name

RUBAL & YERN INVESTMENTS, INC.



Principal Place of Business

7925 W DR  
UNIT 12  
NORTH BAY VILLAGE FL 33141

Mailing Address

7920 WEST DR UNIT 17  
NORTH BAY VILLAGE FL 33141

30010000



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

7905 West Drive

Suite, Apt. #, etc.

Unit 12

City & State

North Bay Village, FL

Zip

33141

Country

U.S.A.

3. Mailing Address

7905 West Drive

Suite, Apt. #, etc.

Unit 12

City & State

North Bay Village, FL

Zip

33141

Country

U.S.A.

4. FEI Number

65-0958589

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YERN, DEBORAH  
7920 WEST DR UNIT 17  
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name

Vivian Yern

Street Address (P.O. Box Number is Not Acceptable)

7905 West Drive

Unit 12

City

North Bay Village

FL

Zip Code

33141

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

1/30/05

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

TITLE P ☐ Delete  
NAME RUBAL, RICARDO E  
STREET ADDRESS 7925 W DR APT 12  
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE V ☐ Delete  
NAME YERN, VIVIAN  
STREET ADDRESS 7925 W DR APT 12  
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #