


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000098698 1. Entity Name MR. RUBY'S TRADING CORPORATION	
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Principal Place of Business: 3700 N.W. 62ND STREET MIAMI, FL 33147	Mailing Address 6250 N.W. 35TH AVENUE MIAMI, FL 33147
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01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0962374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PERL, SHELDON 6250 N.W. 35TH AVE. MIAMI, FL 33147

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERL, SHELDON 6250 N.W. 35TH AVE. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALSTEIN, ABRAHAM 6250 N.W. 35TH AVE. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SALSTEIN, HOWARD 6250 N.W. 35TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE SALSTEIN, JOSHUA 6250 N.W. 35TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000198620
01/25/05-P0068-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joshua Salstein
Joshua Salstein

1/20/05
Date

(305) 693-6862
Daytime Phone #