


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S70135</b> 1. Entity Name <b>RUBE'S II, INC.</b>	
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Principal Place of Business <b>1598 OLD KINGS RD HOLLY HILL, FL 32117</b>	Mailing Address <b>1598 OLD KINGS RD HOLLY HILL, FL 32117</b>
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04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3117416</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  
  
**RUBNICH, AUDREY  
1701 MONTGOMERY AVENUE  
HOLLY HILL, FL 32117**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIA A. RUBNICH 3412 N LEVOY PEORIA, IL 61615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUDREY C RUBNICH 1701 MOUNTGOMERY AVE HOLLY HILL FLORIDA, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUBNICH, KEVIN 1410 COLUMBIN RD #12A BOSTON, MA 02127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEAN RUBNICH 75 SKYLINE DR #8 BRAINTREE, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/29/06-80156-012 150.00

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: Audrey Rubnich V. President 4-14-06 386 323-3766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #