


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S85008**  
1. Entity Name  
**LO RUIZ REAL ESTATE, INC.**



Principal Place of Business      Mailing Address  
2 ALHAMBRA PLAZA, PENTHOUSE 2C      2 ALHAMBRA PLAZA, PENTHOUSE 2C  
CORAL GABLES, FL 33134 US      CORAL GABLES, FL 33134 US

**DO NOT WRITE IN THIS SPACE**

03232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0292543**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
DE LA CRUZ, LUIS F JR  
2 ALHAMBRA PLAZA, PENTHOUSE 2C  
CORAL GABLES, FL 33134

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$650.00**

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	PSD GIL, CARLOS AV. CLAUDIO ARRAU, 7324 PARQUE INDUST SANTIAGO, CHILE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1800001316256  
04/19/05-80074-010 150.00

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:** \_\_\_\_\_ **4/12/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #