

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25509

FILED
Apr 28, 2004
Secretary of State

Entity Name: RUAN ASSOCIATES CORPORATION

Current Principal Place of Business:

7783 NORTHWEST 44TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

13130 W SR 84
DAVIE, FL 33325

Current Mailing Address:

7783 NORTHWEST 44TH STREET
SUNRISE, FL 33351

New Mailing Address:

13130 W SR 84
DAVIE, FL 33325

FEI Number: 65-0330792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBARA SLAKMAN
7783 NW 44TH ST.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

BARBARA SLAKMAN
13130 W SR 84
DAVIE, FL 33325 US

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.

SIGNATURE:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, SHEILA,
Address: 7783 NORTHWEST 44 ST.
City-St-Zip: SUNRISE, FL

Title: VD (X) Delete
Name: HORN, GEORGE,
Address: 7783 NORTHWEST 44 ST.
City-St-Zip: SUNRISE, FL

Title: SD () Delete
Name: SILVERSTEIN, HELENE,
Address: 7783 NORTHWEST 44 ST.
City-St-Zip: SUNRISE, FL

Title: TD () Delete
Name: SLAKMAN, BARBARA,
Address: 7783 NORTHWEST 44 ST.
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, SHEILA
Address: 13130 W SR 84
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SILVERSTEIN, HELENE
Address: 13130 W SR 84
City-St-Zip: DAVIE, FL 33325

Title: TD (X) Change () Addition
Name: SLAKMAN, BARBARA
Address: 13130 W SR 84
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA COHEN

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date