


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90166 002 ***150.00

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DOCUMENT # V30506	
1. Entity Name RUBY ENTERPRISES, INC.	

Principal Place of Business 1191 N FEDERAL HWY STE #116 DELRAY BEACH FL 33483 US	Mailing Address 1191 N FEDERAL HWY STE #116 DELRAY BEACH FL 33483 US
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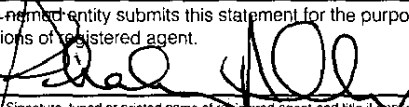
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3156974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

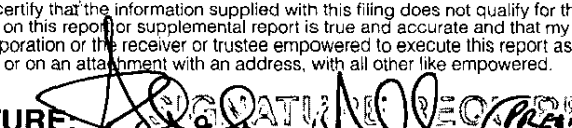
6. Name and Address of Current Registered Agent GARD, GEORGE 1191 N FEDERAL HWY STE #116 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent Name SHAHNAZ ALLY Street Address (P.O. Box Number is Not Acceptable) 611 E. WOODBRIDGE ROAD, UNIT 106 City BOYNTON BEACH FL Zip Code 33435

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  SHAHNAZ ALLY	DATE 5/27/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME GARD, GEORGE STREET ADDRESS 1191 N FEDERAL HWY, #116 CITY-ST-ZIP DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE PSTD NAME SHAHNAZ ALLY STREET ADDRESS 611 E. WOODBRIDGE ROAD, UNIT 106 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  SHAHNAZ ALLY, PRESIDENT	DATE 5/27/03 DAYTIME PHONE # 561 737 8836

CR2E034 (10/02)