2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jul 02, 2004 08:00 AM **DOCUMENT # 437166 Secretary of State** RAMOS' ONE WAY EXTERMINATORS, INC. Principal Place of Business Mailing Address 8798 SW 8 ST 8798 SW 8 ST SUITE 5 SUITE 5 MIAMI, FL 33174 MIAMI, FL 33174 06302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1485984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMOS (JOSE A.) DO NOT WRITE 10320 SW 55TH ST MIAMI, FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE RAMOS, JOSE A. NAME U00000163107 07/02/04-80004-017 150.00 STREET ADDRESS 10320 SW 55TH ST CITY-ST-ZIP MIAMI, FL TITLE NAME RAMOS, JOSEPH A JR STREET ADDRESS 10320 SW 55TH ST CITY-ST-ZIP MIAMI, FL TITLE NAME RAMOS, CRISTINA STREET ADDRESS 10320 SW 55TH ST DO NOT WRITE CITY-ST-ZIP MIAMI, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR