2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT - Jul 01, 2005 08:00 AM **DOCUMENT # 437166 Secretary of State** 1. Entity Name RAMOS' ONE WAY EXTERMINATORS, INC. Mailing Address Principal Place of Business 8798 SW 8 ST 8798 SW 8 ST SUITE 5 SUITE 5 MIAMI, FL 33174 MIAMI, FL 33174 No Chg-P CR2E034 (10/03) 06282005 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 5. Name and Address of Current Registered Agent DO NOT WRITE RAMOS (JOSE A.) 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE RAMOS, JOSE A. NAME 10320 SW 55TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE U00000369989 RAMOS, JOSEPH A JR NAME 07/01/05-80004-017 150.00 10320 SW 55TH ST STREET ADDRESS CITY-ST-7/P MIAMI, FL TITLE RAMOS, CRISTINA NAME STREET ADDRESS 10320 SW 55TH ST DO NOT WRITE CITY-ST-ZIP MIAMI, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST- AP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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

RAMOS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

305-551-8366

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: