


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90045 033 \*\*\*150.00

**DOCUMENT # 437166**

1. Entity Name  
**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**

40000820



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
        **P.O. Box 941794**

01082007    Chg-P    CR2E034 (12/06)

City & State      City & State  
**Miami**      **FL**

Zip      Country      Zip      Country  
**33194-1794**      **US**

4. FEI Number      Applied For  
**59-1485984**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RAMOS (JOSE A.)**  
**10320 SW 55TH ST**  
**MIAMI, FL 33165**

**8798 SW 8 ST.**  
**Miami, FL 33174**

**7. Name and Address of New Registered Agent**

Name      **Address Correction Only**

Street Address (P.O. Box Number is Not Acceptable)  
**8798 SW 8 ST.**

City      **Miami**      **FL**      Zip Code      **33174**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | P                  | <input type="checkbox"/> Delete |
| NAME           | RAMOS, JOSE A.     |                                 |
| STREET ADDRESS | 10320 SW 55TH ST   |                                 |
| CITY-ST-ZIP    | MIAMI-FL           |                                 |
| TITLE          | V                  | <input type="checkbox"/> Delete |
| NAME           | RAMOS, JOSEPH A JR |                                 |
| STREET ADDRESS | 10320 SW 55TH ST   |                                 |
| CITY-ST-ZIP    | MIAMI-FL           |                                 |
| TITLE          | S                  | <input type="checkbox"/> Delete |
| NAME           | RAMOS, CRISTINA    |                                 |
| STREET ADDRESS | 10320 SW 55TH ST   |                                 |
| CITY-ST-ZIP    | MIAMI-FL           |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | President           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JOSEPH A. RAMOS JR. |  |
| STREET ADDRESS | 8798 SW 8 ST.       |  |
| CITY-ST-ZIP    | Miami, FL 33174     |  |
| TITLE          | Vice-Pres           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JOSE A. RAMOS       |  |
| STREET ADDRESS | 8798 SW 8 ST.       |  |
| CITY-ST-ZIP    | Miami, FL 33174     |  |
| TITLE          | S                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Cristina Ramos      |  |
| STREET ADDRESS | 8798 SW 8 ST.       |  |
| CITY-ST-ZIP    | Miami, FL 33174     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** J. Ramos President      1/8/07      305-551-8366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #