

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90020 049 \*\*\*158.75

DOCUMENT # P01000101218

1. Entity Name

RAMIREZ - ACCESS CONTROL CORP.



Principal Place of Business  
2481 SW 82 AVE.  
#202  
DAVIE FL 33324

Mailing Address  
2481 SW 82 AVE.  
#202  
DAVIE FL 33324

NO



2. Principal Place of Business - No P.O. Box #

3609 West Bell drive

3. Mailing Address

3609 West Bell drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Davie - FL

City & State

Davie - FL

4. FEI Number

65-1155041

Applied For

Not Applicable

Zip

33328

Country

U.S.A

Zip

33328

Country

U.S.A

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, GUSTAVO  
2481 SW 82ND AVE.  
#202 APT.  
DAVIE FL 33024

7. Name and Address of New Registered Agent

Name

Ramirez Gustavo

Street Address (P.O. Box Number is Not Acceptable)

3609 West Bell drive

City

Davie

FL

Zip Code

33328

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 date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, GUSTAVO	
STREET ADDRESS	2481 SW 82 AVE., #202	
CITY - ST - ZIP	DAVIE FL 33024	
TITLE	Gustavo Ramirez	<input type="checkbox"/> Delete
NAME	3609 West Bell drive	
STREET ADDRESS	Davie - FL - 33328	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	assistant of director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luz Marlene Gonzalez	
STREET ADDRESS	3609 West Bell drive	
CITY - ST - ZIP	Davie - FL - 33328	
TITLE	assistant of director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luz Marlene Gonzalez	
STREET ADDRESS	3609 West Bell drive	
CITY - ST - ZIP	Davie - FL - 33328	
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		
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-07 (454)632-5204