2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State
05-26-2006 90017 038 ***550.00

DOCUMENT # P97000021162

1. Entity Name
RAMAK, INC.

Principal Place of Business	Mailing Address
4345 CANARD ROAD MELBOURNE, FL 32934	4345 CANARD ROAD MELBOURNE, FL 32934

05112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
592 HAWKSBILL	592 HAWKSBILL IS. DR
Suite, Apt. #, etc. IS. DRIVE	Suite, Apt. #, etc.
City & State SATELLITE BEACH, FL	City & State SATELLITE BEACH
Zip 32937 Country BREVARD	Zip FL 32937 Country BREVARD

4. FEI Number 59-3431458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ABRAVAYA, MARIA
4345 CANARD ROAD
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent
Name MARIA ABRAVAYA
Street Address (P.O. Box Number is Not Acceptable) 592 HAWKSBILL IS. DR.
City SATELLITE BEACH FL Zip Code 32937

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: Maria Abravaya 5-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA ABRAVAYA 592 HAWKSBILL IS. DR. SATELLITE BEACH, FL 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAVAYA, RALPH I 4345 CANARD RD MELBOURNE, FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RALPH ABRAVAYA 592 HAWKSBILL IS. DR SATELLITE BEACH, FL 32937	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Maria Abravaya 5-1-06 321-266-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #