


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90010 043 ***150.00

DOCUMENT # P02000029629			
1. Entity Name THE RAMPER GROUP, INC.			
Principal Place of Business 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556		Mailing Address 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556	
2. Principal Place of Business - No P.O. Box # 6820 SW 40TH ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33155		Country	
4. FEI Number 02-0590854		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAMIREZ, JORGE O 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556		Name MADELEINE PEREZ - VELEZ Street Address (P.O. Box Number is Not Acceptable) 8405 RIDGEBROOK CIRCLE City ODESSA FL Zip Code 33556	
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: <i>Madeleine Perez - Velez</i>		MADELEINE PEREZ - VELEZ	
Signature (typed or printed name of registered agent) and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: 01-29-2007		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P RAMIREZ, JORGE O 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR MADELEINE PEREZ-VELEZ 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ-VELEZ, MADELEINE 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER LUCIA P. PEREZ 2538 MONTCLAIRE CT. WESTON, FL 33375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMIREZ, JORGE G 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUIDGLEY, MONICA M 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Madeleine Perez - Velez</i>		MADELEINE PEREZ- PRES.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		305 01/29/07 663-2600	

40050000



01242007 Chg-P CR2E034 (12/06)