


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90018 042 \*\*\*150.00

<b>DOCUMENT # P02000091289</b> 1. Entity Name <b>ANIBAL RAMIREZ INVESTMENTS, CORPORATION</b>					
Principal Place of Business <b>4315 NW 7TH STREET #40</b> <b>MIAMI, FL 33126</b>			Mailing Address <b>4315 NW 7TH STREET #40</b> <b>MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>4315 NW 7TH ST</b>		3. Mailing Address <b>4315 NW 7TH ST</b>			
Suite, Apt. #, etc. <b>37-B</b>		Suite, Apt. #, etc. <b>37-B</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33126</b>		Country <b>USA</b>		4. FEI Number <b>54-2075950</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>RAMIREZ, ANIBAL</b> <b>4315 NW 7TH STREET</b> <b>#40</b> <b>MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>RAMIREZ, Anibal</b> Street Address (P.O. Box Number is Not Acceptable) <b>4315 NW 7TH ST # 37-B</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>		
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 <u><i>Anibal Ramirez</i></u> DATE <u>2-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	DPS RAMIREZ, ANIBAL 4315 NW 7TH STREET #40 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAMIREZ, Anibal 4315 NW 7TH ST # 37-B MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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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: <u><i>Anibal Ramirez</i></u>			2-5-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		