

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # P02000091289**

1. Entity Name  
**ANIBAL RAMIREZ INVESTMENTS, CORPORATION**



Principal Place of Business      Mailing Address  
**4315 NW 7TH STREET #40**      **4315 NW 7TH STREET #40**  
**MIAMI, FL 33126**      **MIAMI, FL 33126**

40004000

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**4315 NW 7TH ST**      **4315 NW 7TH ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**37-B**      **37-B**



01132007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**MIAMI FL**      **MIAMI FL**

Zip      Country      Zip      Country  
**33126 USA**      **33126 USA**

4. FEI Number      Applied For  
**54-2075950**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAMIREZ, ANIBAL**  
**4315 NW 7TH STREET**  
**#40**  
**MIAMI, FL 33126**

7. Name and Address of New Registered Agent  
 Name  
**RAMIREZ, Anibal**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4315 NW 7TH ST # 37-B**  
 City      State      Zip Code  
**MIAMI FL 33126**

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: *Anibal Ramirez*      DATE: 2-5-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

**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	DPS	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, ANIBAL	
STREET ADDRESS	4315 NW 7TH STREET #40	
CITY-ST-ZIP	MIAMI, FL 33126	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ Anibal	
STREET ADDRESS	4315 NW 7TH ST # 37-B	
CITY-ST-ZIP	MIAMI, FL 33126	
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 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: *Anibal Ramirez*      Date: 2-5-07

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