


**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 382613 1. Entity Name RAMGOH SALES COMPANY, INC.		
Principal Place of Business 4699 SW 45TH TERR FT LAUDERDALE, FL 33314		Mailing Address 4699 SW 45TH TERR FT LAUDERDALE, FL 33314
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOGG, STANLEY 4699 SW 45TH TERR FT LAUDERDALE, FL 33314		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	HOGG, STANLEY T	
STREET ADDRESS	4699 SW 45TH TERR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33314	
TITLE	STD	
NAME	MARTIN, GEORGETTE	
STREET ADDRESS	4699 SW 45TH TERR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33314	
TITLE	VD	
NAME	MARTIN, CHRISTOPHER	
STREET ADDRESS	4699 SW 45TH TERR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33314	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: <u>Christopher J. Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/29/06</u> <small>Date</small>



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1362098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000414956
02/11/06-80057-016 158.75

863-673
4617
Daytime Phone if