

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 482270

FILED
Apr 04, 2009
Secretary of State

Entity Name: RAMCO INSURANCE AGENCY, INC.

Current Principal Place of Business:

3960 W 16 AVE
STE 204
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 126416
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 59-1619633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, MARTA
3960 W 16 AVE STE 204
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

RAMOS, MARTA
3960 W 16 AVE
STE 204
HIALEAH, FL 33012 US

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.

SIGNATURE: MARTA RAMOS

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, JUAN CARLOS
Address: 6305 GAGE PL #308
City-St-Zip: MIAMI LAKES, FL

Title: VP () Delete
Name: TORRES, MANSOL
Address: 3960 W 16 AVE STE 204
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAMOS, CARLOS J
Address: 3960 W 16 AVE STE 204
City-St-Zip: HIALEAH, FL 33012

Title: VP (X) Change () Addition
Name: TORRES, MARISOL
Address: 3960 W 16 AVE STE 204
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS RAMOS

PD

04/04/2009

Electronic Signature of Signing Officer or Director

Date