

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # G35965

1. Entity Name
RAMLO CONSTRUCTION CORPORATION



Principal Place of Business

**209 DUVAL STREET
KEY WEST, FL 33040**

Mailing Address

**209 DUVAL STREET
KEY WEST, FL 33040**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2299467

Applied
Not App.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALPERN, MICHAEL
209 DUVAL ST
KEY WEST, FL 33040**

**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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000427849
02/21/06-80023-025 158.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RAMOS, HILARIO JR
STREET ADDRESS	1401 DUVAL ST
CITY-ST-ZIP	KEY WEST, FL
TITLE	PD
NAME	HALPERN, MICHAEL
STREET ADDRESS	209 DUVAL STREET
CITY-ST-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/06

Date

(305) 296-5

Daytime Phone if