

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90031 013 \*\*\*150.00

**DOCUMENT # G76817**

1. Entity Name

RAMIREZ ENTERPRISES, INC.



Principal Place of Business  
1479 NW 27TH AVENUE  
MIAMI FL 33125  
US

Mailing Address  
1479 NW 27TH AVENUE  
MIAMI FL 33125  
US

30003100



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

350 S.W. 82 AVE

3. Mailing Address

350 SW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2363191

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, ANTONIO D  
1479 NW 27TH AVENUE  
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

350 SW 82 AVE

City

MIAMI

FL

Zip Code

33144

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RAMIREZ, ANTONIO D  
STREET ADDRESS 350 SW 82 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete  
NAME RAMIREZ, MARTA  
STREET ADDRESS 350 SW 82 AVE  
CITY-ST-ZIP MIAMI, FL 33144

TITLE SD ☐ Delete  
NAME MARIA MUNIZ  
STREET ADDRESS 380 S.W. 82 AVE  
CITY-ST-ZIP MIAMI, FL 33144

TITLE TD ☐ Delete  
NAME RAMIREZ, ANTONIO A.  
STREET ADDRESS 300 SW 82 AVE  
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MARIA MUNIZ

1/24/05 305 2276737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #