2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G76817

1. Entity Name
RAMIREZ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
350 SW 82 AVE MIAMI, FL 33144 US	350 SW 82 AVE MIAMI, FL 33144 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2363191
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, ANTONIO D
350 SW 82 AVE
MIAMI, FL 33144

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000399029
01/31/06-80024-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMIREZ, ANTONIO D
STREET ADDRESS	350 SW 82 AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	RAMIREZ, MARTA
STREET ADDRESS	350 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	SD
NAME	MUNIZ, MARIA
STREET ADDRESS	380 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	TD
NAME	RAMIREZ, ANTONIO A
STREET ADDRESS	300 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33144
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO D RAMIREZ 1/20/06 3052276737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #