2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G76817

FILED Aug 11, 2009 Secretary of State

Entity Name: RAMIREZ ENTERPRISES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
50 SW 8: 11AMI, FL				
urrent N	lailing Addres	s:	New Mailing Addres	ss:
80 SW 82 11AMI, FL				
El Number	: 59-2363191	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
50 SW 82				
IIAMI, FL	33144 US			
he above		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entity s e of Florida. RE:			ed office or registered agent, or both,
the State	e named entity s e of Florida. RE: Electron	ic Signature of Registered Ag	ent	ed office or registered agent, or both, Date
he above the State IGNATU	e named entity se of Florida. RE: Electron ace with s. 607.19		ent	ed office or registered agent, or both, Date
he above the State GNATU accordan lection Cal	e named entity se of Florida. RE: Electron ace with s. 607.19	ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n 3 Trust Fund Contribution ().	ent ot receive the prior notice.	
he above the State GNATU accordan acction Cal	e named entity se of Florida. RE: Electron ace with s. 607.19: mpaign Financing S AND DIREC	ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n 3 Trust Fund Contribution (). TORS: Delete	ent ot receive the prior notice.	Date
he above the State IGNATUI accordant ection Care FFICER. tte: ame: ddress:	e named entity se of Florida. RE: Electron ace with s. 607.19: mpaign Financing S AND DIREC PD () RAMIREZ, MAR 350 SW 82 AVE MIAMI, FL 331:	ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n 3 Trust Fund Contribution (). TORS: Delete ITA E 44 Delete	ent ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: MARIA MUNIZ SD 08/11/2009