

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G87194 1. Entity Name RAM AND ASSOCIATES, INC.	
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Principal Place of Business 2250 BRICKELL AVENUE UNIT 1 MIAMI, FL 33129 US	Mailing Address 2250 BRICKELL AVENUE UNIT 1 MIAMI, FL 33129 US
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04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2353939	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VILMA PINA 2201 SOUTH MIAMI AVE MIAMI, FL 33129

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SARLABOUS, VILMA POLL AVE RICARDO ARANGO PANAMA, REP DE PANAMA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINA, DEMETRIO 2201 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PINA, VILMA 2201 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/04-80023-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-12-04	Daytime Phone # 305-856-5559
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*Ram and Associates, Inc.
Demetrio PINA, U.P.*