

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05383

FILED
Jan 07, 2007
Secretary of State

Entity Name: RAMMS ENGINEERING, INC.

Current Principal Place of Business:

2100 W 76TH ST
SUITE 311
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

14679 GLENCAIRN RD.
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 59-2413409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONSOUR, ROBERT S PRES.
14679 GLENCAIRN RD
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONSOUR, ROBERT S.,
Address: 14679 GLENCAIRN RD.
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: MONSOUR, ALINE L.,
Address: 14679 GLENCAIRN RD.
City-St-Zip: HIALEAH, FL 33016

Title: VPD () Delete
Name: MONSOUR, MICHAEL R
Address: 18109 CLEARLAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: VPD () Delete
Name: MONSOUR, MARK R.
Address: 5331 WINHAWK WAY
City-St-Zip: LUTZ, FL 33549

Title: VPD () Delete
Name: MONSOUR, STEPHEN J.
Address: 5340 NORTHDAL BLVD
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONSOUR, ROBERT S PRES
Address: 14679 GLENCAIRN RD.
City-St-Zip: HIALEAH, FL 33016

Title: SD (X) Change () Addition
Name: MONSOUR, ALINE L V-P
Address: 14679 GLENCAIRN RD.
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALINE L. MONSOUR

V-P

01/07/2007

Electronic Signature of Signing Officer or Director

Date