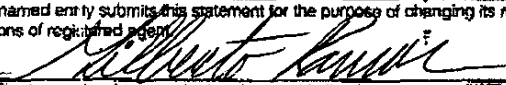
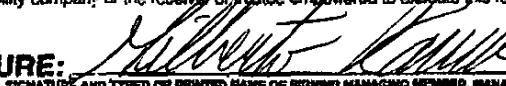


04/22/2004 14:29 FAX 9547260787

GEORGE GOBER & COMPANY

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)****FILED**
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90062 029 ****55.00

DOCUMENT # L03000010139 1. Entity Name RAMOS ENGINEERING & ASSOCIATES, LLC					
Principal Place of Business 7800 W. COMMERCIAL BLVD. TAMARAC FL 33351 2825 MINUTEMAN LANE BRANDON, FLORIDA 33511			Mailing Address 7800 W. COMMERCIAL BLVD. TAMARAC FL 33351 2825 MINUTEMAN LANE BRANDON, FL 33511		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 68-0545871	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RAMOS, GILBERTO 7800 W. COMMERCIAL BLVD. TAMARAC FL 33351 2825 MINUTEMAN LANE BRANDON, FLORIDA 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, type, or printed name of registered agent and file if applicable.		DATE 04/22/04 (NOTE: Registered Agent signature required when re-appointing)			
FILE NOW! FEE IS \$50.00 Make Check payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT "MGRM" ☒ Change ☐ Addition GILBERTO RAMOS 2825 MINUTEMAN LANE BRANDON, FLORIDA 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SELF-ITREN. PATRICIA M. RAMOS 2825 MINUTEMAN LANE BRANDON, FLORIDA 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company; or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 04/22/04 Days Months Years Phone #			