2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M08360

1. Entity Name
RAMOS BROTHERS CORPORATION

FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2582 W 3 AVE HIALEAH, FL 33010 US	2582 W 3 AVE HIALEAH, FL 33010 US

DO NOT WRITE IN THIS SPACE

07182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2496779	Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, JORGE LUIS
2582 W 3 AVE
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

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.

U000000356811
07/31/08-80005-023 150.00

SIGNATURE_____

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

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	RAMOS, JORGE LUIS
STREET ADDRESS	7811 NW 160 TERRACE
CITY-ST-ZIP	MIAMI, FL 33016

TITLE	VD
NAME	RAMOS RAFAEL
STREET ADDRESS	7905 NW 164TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ PRESIDENT/SEC 7/28/08 (305) 888-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #