2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 15, 2005
Secretary of State

DOCUMENT# N04000007579

Entity Name: RAMS BAND PARENT ASSOCIATION, INC.

Current Principal Place of Business:

8865 SW 16TH STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 563054
MIAMI, FL 332563054

New Mailing Address:

FEI Number: 74-3127890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMS, MARIA A
9603 SW 4TH STREET
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

CHESTARO, BERENICE
5120 SW 113 AVENUE
MIAMI, FL 33165 US

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: BERENICE CHESTARO 05/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAMS, MARIA A
Address: 9603 SW 4TH STREET
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: PALMA, MARICELA
Address: 9425 SW 8TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: GUEDES, IRAIDA
Address: 14300 SW 39TH STREET
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete
Name: THOMAS, BETTY M
Address: 9411 SW 4TH STREET, #102
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHESTARO, BERENICE
Address: 5120 SW 113 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change ( ) Addition
Name: BARRETO, GUSTAVO
Address: 2019 SW 16 TERRACE
City-St-Zip: MIAMI, FL 33145

Title: T (X) Change ( ) Addition
Name: ARRASTIA, DEBORAH
Address: 820 SW 93 PLACE
City-St-Zip: MIAMI, FL 33174

Title: S (X) Change ( ) Addition
Name: FIGUEROA, GISELA V
Address: 10500 SW 8 ST, APT. 406
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERENICE CHESTARO P 05/15/2005
Electronic Signature of Signing Officer or Director Date