

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007579

1. Entity Name
RAMS BAND PARENT ASSOCIATION, INC.



Principal Place of Business
8865 SW 16TH STREET
MIAMI, FL 33165

Mailing Address
P.O. BOX 563054
MIAMI, FL 33256-3054

FILED

2007 SEP 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10986 SW 2st
N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLA

Zip

Country

Zip

Country

33174

Dade

06182007

Chg-NP

CR2E037 (12/06)

4. FEI Number
74-3127890

Applied For
Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASQUEZ, MIRIAM
10986 SW 2ND STREET
MIAMI, FL 33174

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

Miriam Vasquez

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

8/8/07

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VASQUEZ, MIRIAM	
STREET ADDRESS	10986 SW 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CASTILLO, LOURDES	
STREET ADDRESS	9709 NW 5TH LANE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President F.D.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Vasquez, Miriam		
STREET ADDRESS	10986 SW 2st		
CITY-ST-ZIP	MIAMI, FL 33174		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	cosculluela, Rosemary		
STREET ADDRESS	2432 SW 102 Ave		
CITY-ST-ZIP	MIAMI, FL 33165		
TITLE	sepena, sheila	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	1340 SE 17 Ave		
STREET ADDRESS	Homestead, FL 33035		
CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Tabgas, Elvira		
STREET ADDRESS	8833 NW 142nd		
CITY-ST-ZIP	MIAMI LAKES, FL 33018		
TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Henderson sheryl		
STREET ADDRESS	760 NW 127 st		
CITY-ST-ZIP	North Miami, FL 33168		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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09/20/07--01027--008 **75.00

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 617, 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:

Miriam Vasquez Miriam Vasquez 8/8/07 786-413-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #