
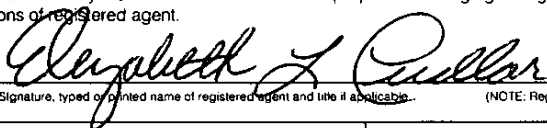
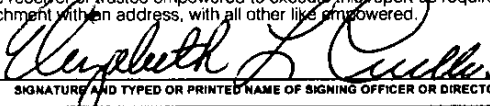


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90037 047 \*\*\*\*75.00

DOCUMENT # N04000007579			
1. Entity Name <b>RAMS BAND PARENT ASSOCIATION, INC.</b>			
Principal Place of Business <b>8865 SW 16TH STREET MIAMI, FL 33165</b>		Mailing Address <b>10986 SW 2 STREET MIAMI, FL 33174</b>	
2. Principal Place of Business - No P.O. Box # <b>8865 SW 16th Street</b>		3. Mailing Address <b>9110 SW 16th St</b>	
Suite, Apt. #, etc. <b>Miami, FL</b>		Suite, Apt. #, etc. <b>Miami, FL</b>	
City & State <b>33165</b>		City & State <b>33165</b>	
Zip <b>33165</b>		Zip <b>33165</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>74-3127890</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05122008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>VASQUEZ, MIRIAM 10986 SW 2ND STREET MIAMI, FL 33174</b>		7. Name and Address of New Registered Agent Name <b>Elizabeth Cuellar</b> Street Address (P.O. Box Number is Not Acceptable) <b>9110 SW 16th St</b> City <b>Miami</b> FL Zip Code <b>33165</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASQUEZ, MIRIAM 10986 SW 2ND STREET MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elizabeth Cuellar 9110 SW 16th St Miami, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, SHEILA 1340 SE 17 AVENUE HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President LYNN Ponimansky 6705 NW 169th - C-107 Hialeah, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TABOAS, ELVIRA 8833 NW 142 LANE MIAMI LAKES, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Treasurer Sheryl Henderson 760 NW 127th St Miami, FL 33168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, SHERYL 760 NW 127 ST NORTH MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Treasurer Maria Garcia 8255 NW 6 Terrace # 234 Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>5-12-08</b> Daytime Phone # _____	