## 2604 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000012771**

1. Entity Name RAM'S ROT! PALACE, INC.

Principal Place of Business

4244 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319 Mailing Address

Komocak

4244 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319

## FILED Apr 05, 2004 08:00 AM Secretary of State



03302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0980750 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RAMSOOK, FRANKIE B SR 4244 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

		1			
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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing 📙	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSOOK, FRANKIE B SR 4244 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319				U00000103634 04/05/04-80064-011 150.00
Title Name Street address City-St-Zip					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>3</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CRY-ST-ZIP				-	
12. I hereby certify that the information supplied with this filling does not quality 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 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.					