


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000042201**

1. Entity Name  
**JORGE RAMOS, INC.**



Principal Place of Business      Mailing Address  
**195 CAOBA CT.**                      **195 CAOBA CT.**  
**CORAL GABLES, FL 33143**        **CORAL GABLES, FL 33143**

**DO NOT WRITE IN THIS SPACE**



07012005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1017029**      Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMOS, JORGE**  
**195 CAOBA CT.**  
**CORAL GABLES, FL 33143**

**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.

SIGNATURE \_\_\_\_\_      DATE **07/22/05-80008-021 150.00**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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	<b>D</b>
NAME	<b>RAMOS, JORGE</b>
STREET ADDRESS	<b>195 CAOBA CT.</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33143</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jorge Ramos      Date: 7/22/05      Daytime Phone #: 305-4714150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR