

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90021 014 ***150.00

DOCUMENT # P00000061824 1. Entity Name RAM'S AUTO CENTER, INC.					
Principal Place of Business 2100 PALM BAY RD PALM BAY, FL 32905			Mailing Address 961 HAAS AVE. N.E. PALM BAY, FL 32907		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2100 PALM BAY RD N.E. Suite, Apt. #, etc.		54063987	
City & State City: PALM BAY, FL		4. FEI Number 59-3659526		Applied For <input type="checkbox"/> Not Applicable	
Zip 32905		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIES, G. PHILIP J 15 SILVER PALM AVE. MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name: MICHAEL SARABJIT Street Address (P.O. Box Number is Not Acceptable): 13120 SW 21ST STREET City: MIRAMAR FL Zip Code: 33027		
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: <i>Michael Sarabjit</i> MICHAEL SARABJIT DATE: 6/20/04 <small>Signature, typed or printed name of registered agent and who is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMHARRACK, HERMAN 961 HAAS AVE. N.E. PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D OLGA RAMHARRACK 961 HAAS AVENUE N.E. PALM BAY, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR RAMHARRACK, HERMAN 961 HAAS AVE. N.E. PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERT RAMHARRACK 961 HAAS AVENUE N.E. PALM BAY, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMHARRACK, RICARDO 961 HAAS AVE NE PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMHARRACK, RACQUEL 961 HAAS AVE NE PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RAMHARRACK, RIDARDO 961 HAAS AVE. NE PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
12. I hereby certify that the information supplied with this filing does not qualify 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.					
SIGNATURE: <i>Olga Ramharrack</i> OLGA RAMHARRACK, P, DATE: 6/20/04 DAYTIME PHONE #: (321) 725-4750 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					