

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90496 038 \*\*\*150.00

**34039713**



01272004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1056326** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQ  
201 S BISCAYNE BLVD, 20TH FLOOR  
MIAMI, FL 33131

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RAMOS, MICHAEL A	
STREET ADDRESS	1797 ASPEN LN	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RAMOS, DAVID A	
STREET ADDRESS	1797 ASPEN LN	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RAMOS, MARTA	
STREET ADDRESS	1797 ASPEN LN	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAMOS, DAVID	
STREET ADDRESS	1797 ASPEN LN	
CITY-ST-ZIP	WESTON, FL 33327	
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 11

TITLE	Michael A. Ramos	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	749 Tulip Circle	
STREET ADDRESS	Weston, FL 33327	
CITY-ST-ZIP		
TITLE	DAVID A. RAMOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1259 SKYLAKE DR	
STREET ADDRESS	Weston, FL 33327	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael A. Ramos* 3/30/04