

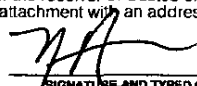


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90009 028 ***150.00

DOCUMENT # P00000077531 1. Entity Name RANMER CORPORATION			
Principal Place of Business THE PALACE APT. 5B 10101 COLLINS AVENUE MIAMI BEACH, FL 33150		Mailing Address THE PALACE APT. 5B 10101 COLLINS AVENUE MIAMI BEACH, FL 33150 US	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>New Mailing address:</i> <i>1150 N.W. 72nd Ave #555</i> <i>Miami, FL 33126</i></p> </div> <div style="width: 50%; text-align: right;">  <p>03192004 No Chg-P CR2E034 (10/03)</p> </div> </div>			
4. FEI Number 65-1037885		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANCANO, NIVARDO THE PALACE APT. 5B 10101 COLLINS AVENUE MIAMI BEACH, FL 33150			
<p><i>DO NOT WRITE IN THIS SPACE</i></p>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RANCANO, NIVARDO 10101 COLLINS AVENUE THE PALACE APT 5B MIAMI BEACH, FL 33150		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RANCANO, MERCEDES 10101 COLLINS AVENUE THE PALACE APT 5B MIAMI BEACH, FL 33150		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><i>DO NOT WRITE IN THIS SPACE</i></p>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 20%;"> Nivardo Rancano </div> <div style="width: 20%;"> 3/20/04 </div> <div style="width: 20%;"> 305-994-7577 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>Date</div> <div>Daytime Phone #</div> </div>			