

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/5/2006-90027-007-\$158.75-\$158.75

DOCUMENT #P00000115201

1. Entity Name
RAMOS GROCERY, INC.



Principal Place of Business
112 N MAIN STREET
LAKE PLACID, FL 33852

Mailing Address
112 N MAIN STREET
LAKE PLACID, FL 33852

FILED

06 OCT 17 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1064836

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMOS, ALICIA
201 DAL HALL BLVD
LAKE PLACID, FL 33852

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: *Alicia Ramos*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

10/05/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMOS, ALICIA
201 DAL HALL BLVD
LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alicia Ramos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/06
Date

Daytime Phone #

gc 10/20