

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90053 022 ***150.00

DOCUMENT # P00000116098

1. Entity Name

RAMCAVEN INC



Principal Place of Business

3003 YAMATO RD STE C8
BOCA DE RATON FL 33434-5337

Mailing Address

3003 YAMATO RD STE C8
BOCA DE RATON FL 33434-5337

2. Principal Place of Business

1593 Winterberry Ln
Suite, Apt. #, etc.

3. Mailing Address

1593 Winterberry Ln
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Weston, FL

Zip
33327

Country

USA

City & State

Weston, FL

Zip
33327

Country

USA

4. FEI Number

65-1063007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAR, ROBERTO A
3003 YAMATO RD STE C8
BOCA DE RATON FL 33434-5337

7. Name and Address of New Registered Agent

Name Roberto Lucar
Street Address (P.O. Box Number is Not Acceptable)

1593 Winterberry Lane
City Weston FL Zip Code 33327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/01/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LUCAR, ROBERTO A
STREET ADDRESS 1593 WINTERBERRY LANE
CITY-ST-ZIP WESTON FL 33327

TITLE D ☐ Delete
NAME LUCAR, ZITA M
STREET ADDRESS 1593 WINTERBERRY LANE
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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

03/01/04 954.349.7131
Date Daytime Phone #