

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008717

FILED
Feb 28, 2005
Secretary of State

Entity Name: RAMIREZ REPAIRS CORP.

Current Principal Place of Business:

4321 GRAND BLVD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1107
ELFERS, FL 34680

New Mailing Address:

FEI Number: 59-3697067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, HECTOR
7224 WESTWIND DR.
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

RAMIREZ, HECTOR A
7224 WESTWIND DR.
PORT RICHEY, FL 34668 US

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.

SIGNATURE: HECTOR A. RAMIREZ

02/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMIREZ, HECTOR
Address: 7224 WESTWIND DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: JOHNSON RAMIREZ, NIKKI G
Address: 7224 WESTWIND DRIVE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: S () Delete
Name: JOHNSON-RAMIREZ, NIKKI G
Address: 7224 WESTWIND DRIVE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMIREZ, HECTOR A
Address: 7224 WESTWIND DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JOHNSON RAMIREZ, NIKKI G
Address: 7224 WESTWIND DRIVE
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR A. RAMIREZ

P

02/28/2005

Electronic Signature of Signing Officer or Director

Date