## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000049257

FILED Mar 12, 2004 Secretary of State

Entity Name: RAMONDS WHOLESALES MERCHANDISE, INC.

**Current Principal Place of Business:** New Principal Place of Business: 13827 HAWK LAKE DRIVE 2790 MICHIGAN AVE ORLANDO, FL 32837 SUITS 316-318 KISSIMMEE, FL 34744 **Current Mailing Address:** New Mailing Address: 13827 HAWK LAKE DRIVE 2790 MICHIGAN AVE ORLANDO, FL 32837 316-318 KISSIMMEE, FL 34744 FEI Number: 59-0332572 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARISTIZABAL, RAMON 13827 HAWK LAKE DRIVE ORLANDO, FL 32837 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ARISITIZABAL, RAMON Name: Name: 13827 HAWK LAKE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: VD Title: (X) Change ( ) Addition () Delete Name: NORENA, GONZALO Name: NORENA, GONZALO 13827 HAWK LAKE DRIVE 1369 IVY MEADOW DR Address: Address: ORLANDO, FL 32837 ORLANDO, FL 32824 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: STD STD ARIZTIZABAL, HERNAN Name: ARIZTIZABAL, HERNAN Name: 13827 HAWK LAKE DRIVE 1369 IVY MEADOW DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32824

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: RAMON ARISTIZABAL PD 03/12/2004