

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049257

FILED  
Mar 12, 2004  
Secretary of State

Entity Name: RAMONDS WHOLESALERS MERCHANDISE, INC.

## Current Principal Place of Business:

13827 HAWK LAKE DRIVE  
ORLANDO, FL 32837

## New Principal Place of Business:

2790 MICHIGAN AVE  
SUITS 316-318  
KISSIMMEE, FL 34744

## Current Mailing Address:

13827 HAWK LAKE DRIVE  
ORLANDO, FL 32837

## New Mailing Address:

2790 MICHIGAN AVE  
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:

ARISTIZABAL, RAMON  
13827 HAWK LAKE DRIVE  
ORLANDO, FL 32837

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: ARISTIZABAL, RAMON  
Address: 13827 HAWK LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete  
Name: NORENA, GONZALO  
Address: 13827 HAWK LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: STD ( ) Delete  
Name: ARISTIZABAL, HERNAN  
Address: 13827 HAWK LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: NORENA, GONZALO  
Address: 1369 IVY MEADOW DR  
City-St-Zip: ORLANDO, FL 32824

Title: STD (X) Change ( ) Addition  
Name: ARISTIZABAL, HERNAN  
Address: 1369 IVY MEADOW DR  
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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date