2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# P01000049257

Entity Name: RAMONDS WHOLESALES MERCHANDISE, INC.

Current Principal Place of Business:

2790 MICHIGAN AVE
SUITS 316-318
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2790 MICHIGAN AVE
316-318
KISSIMMEE, FL 34744

New Mailing Address:

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 US

Name and Address of New Registered Agent:

NORENA, GONZALO
1369 IVY MEADOW DR
ORLANDO, FL 32824 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: GONZALO NORENA 01/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: STD ( ) Delete
Name: ARIZTIZABAL, HERNAN
Address: 1369 IVY MEADOW DR
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ARISTIZABAL, RAMON
Address: 1369 IVY MEADOW DR
City-St-Zip: ORLANDO, FL 32824

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

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: GONZALO NORENA PD 01/18/2005
Electronic Signature of Signing Officer or Director Date