

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000049257
 1. Entity Name
 RAMONDS WHOLESALERS MERCHANDISE, INC.



Principal Place of Business Mailing Address
 2590-2592 BOGGY CREEK RD. 2590-2592 BOGGY CREEK RD.
 KISSIMMEE, FL 34744 KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-0332572 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NORENA, GONZALO
 1369 IVY MEADOW DR
 ORLANDO, FL 32824

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

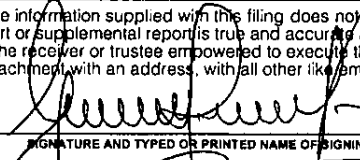
U00000749390
 05/18/07-80044-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NORENA, GONZALO
STREET ADDRESS	1369 IVY MEADOW DR
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	VP
NAME	ARISTIZABAL, RAMON
STREET ADDRESS	1369 IVY MEADOW DR
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	STD
NAME	ARITZIZABAL, HERNAN
STREET ADDRESS	1369 IVY MEADOW DR
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Daytime Phone #