


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90019 047 ***150.00

DOCUMENT # P01000051336 1. Entity Name R A M PROPERTIES, INC.	
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Principal Place of Business 767 S STATE ROAD 7 SUITE 18 MARGATE, FL 33068	Mailing Address 767 S STATE ROAD 7 SUITE 18 MARGATE, FL 33068
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54061303



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1106958	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WALZCAK, MICHAEL F 767 S STATE ROAD 7 SUITE 18 MARGATE, FL 33068

**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: Michael Walczyk DATE: 7/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALCZAK, MICHAEL F 767 S. STATE ROAD 7, SUITE 18 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RICHARD N 767 S. STATE ROAD 7, SUITE 18 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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: Michael Walczyk DATE: 7/6/04 DAYTIME PHONE: 954-917-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

54061303

R A M PROPERTIES, INC.

767 S. STATE ROAD 7, SUITE 18

MARGATE, FLORIDA 33068

PHONE: (954) 917-3600

FAX: (954) 917-3626

July 6, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P01000051336
R A M Properties, Inc.

Gentlemen:

We were indeed surprised with the Notice of Intent to Dissolve card you sent. If you will check your records, you will see that we have been prompt in responding every year to the Annual Report form. However, this year we did not receive the usual form.

We are enclosing our check for \$150.00 because we did not have notice of this information.

Very truly yours,

Michael F. Walczak

Michael F. Walczak

Encl. - Check

Annual Report Form