

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90288 015 ***150.00

DOCUMENT # P01000051336

1. Entity Name

R A M PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~767 S STATE ROAD 7~~
~~SUITE 18~~
~~MARGATE FL 33068~~

~~767 S STATE ROAD 7~~
~~SUITE 18~~
~~MARGATE FL 33068~~



2. Principal Place of Business

3. Mailing Address

441 S. STATE ROAD 7

441 S. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 9-C

SUITE 9-C

City & State

City & State

MARGATE, FL

MARGATE, FL

Zip

Country

Zip

Country

33068

USA

33068

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1106958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALZCAK, MICHAEL F

~~767 S STATE ROAD 7~~ 441 S. STATE ROAD 7
~~SUITE 18~~ SUITE 9-C
MARGATE FL 33068

Name

WALCZAK, MICHAEL F.

Street Address (P.O. Box Number is Not Acceptable)

441 S. STATE ROAD 7

SUITE 9-C

City

MARGATE

FL

Zip Code

33068

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 Walczak*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-6-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WALCZAK, MICHAEL F	
STREET ADDRESS	767 S. STATE ROAD 7 441 S. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33068 SUITE 9-C	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD N	
STREET ADDRESS	767 S. STATE ROAD 7 441 S. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33068 SUITE 9-C	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Walczak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06 954-917-3600