

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90057 002 ***158.75

DOCUMENT # P01000061998		
1. Entity Name RAMSTUR INTERNATIONAL, INC.		

Principal Place of Business P.O. BOX 62 INDAIN TRACE 45 WESTON, FL 33326 US	Mailing Address P.O. BOX 62 INDAIN TRACE 45 SUITE 3101 WESTON, FL 33326 US
---	---

2. Principal Place of Business - No P.O. Box # 2800 SHAUGHNESSY DR. Suite, Apt. #, etc.	3. Mailing Address 2800 SHAUGHNESSY DR. Suite, Apt. #, etc.
---	---

City & State WEELINGTON FL	City & State WEELINGTON FL.
Zip 33414	Country USA.

40030000



04122007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1116211		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAMIA, AUGUSTO 1405 SAINT GABRIELLE LANE SUITE 3101 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Prasanth DATE 04/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIA, AUGUSTO 1405 SAINT GABRIELLE LANE WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 SHAUGHNESSY DR. WEELINGTON FL 33414. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STURCHIO, MARIA G 1405 SAINT GABRIELLE LANE WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 SHAUGHNESSY DR. WEELINGTON FL 33414. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #