2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074318

Entity Name: RAMARK INTERNATIONAL, INC.

6417 LA COSTA DRIVE, #204

BOCA RATON, FL 33433

Address: City-St-Zip: FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
6417 LA C	OSTA DRIVE				
204					
BOCA RA	TON, FL 33433				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	R CITY PLACE				
SUITE 102	20 RK, NY 10017				
	,			2 (5) (2) (3)	
FEI Number	: 65-1138827	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
6417 LA C 204	D DE CONTO, A OSTA DRIVE TON, FL 33433				
	named entity s e of Florida.	ubmits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	DIR ()	Delete	Title:	() Change () Addition	
Name:	DE CONTO, MAI	JRICIO	Name:		
Address:	6417 LA COSTA	DRIVE #204	Address:		
City-St-Zip:	BOCA RATON, F	L 33433	City-St-Zip:		
Title:	VP ()	Delete	Title:	()Change ()Addition	
Name:	DE CONTO, MIC	HELLE J	Name:		
Address:	6417 LA COSTA	DRIVE #204	Address:		
City-St-Zip:	BOCA RATON, F	L 33433	City-St-Zip:		
Title:	PRES ()	Delete	Title:	() Change () Addition	
Name:	BIZZARRO DE O	CONTO, ADAIR	Name:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ADAIR BIZZARRO DE CONTO PRES 04/08/2008