


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

09-15-2004 90002 020 \*\*\*150.00

**DOCUMENT # P01000082558**

1. Entity Name  
**JUAN RAMOS, P.A.**



Principal Place of Business      Mailing Address

~~5078 SOUTHAMPTON CIRCLE~~      ~~5078 SOUTHAMPTON CIRCLE~~  
~~TAMPA, FL 33647~~      ~~TAMPA, FL 33647~~

**54072980**

2. Principal Place of Business      3. Mailing Address

*779 Knights Bridge Cir*      *779 Knights Bridge Circle*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



City & State      City & State

*DAVENPORT FLORIDA*

07222004      Chg-P      CR2E034 (10/03)

Zip      Country      Zip      Country

*33896*      *FL*      *33896*      *FL*

4. FEI Number      Applied For

**59-3751205**      Not Applicable

6. Name and Address of Current Registered Agent

**RAMOS, JUAN**  
**5078 SOUTHAMPTON CIRCLE**  
~~**TAMPA, FL 33647**~~

7. Name and Address of New Registered Agent

Name *JUAN RAMOS*  
 Street Address (P.O. Box Number is Not Acceptable)  
*779 Knights Bridge Circle*  
 City *DAVENPORT*      FL      Zip Code *33896*

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: *[Signature]*      DATE: *7/22/04*

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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE	JUAN RAMOS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMOS, JUAN			NAME			
STREET ADDRESS	<del>5078 SOUTHAMPTON CIRCLE</del>			STREET ADDRESS	<i>779 Knights Bridge Circle</i>		
CITY-ST-ZIP	<del>TAMPA, FL 33647</del>			CITY-ST-ZIP	<i>DAVENPORT, FLORIDA 33896</i>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]*      DATE: *7/22/04*      DAYTIME PHONE #: *407-625 4803*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR