


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)

4. FEI Number Applied For
59-3751205 Not Applicable

Zip Country Zip Country

33896 *FL* *33896* *FL*

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RAMOS, JUAN 5078 SOUTHAMPTON CIRCLE TAMPA, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN RAMOS <i>779 Knights Bridge Circle</i> <i>DAVENPORT, FLORIDA 33896</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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