## 2006 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

## Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000092632 1. Entity Name 04-10-2006 90301 026 \*\*\*150.00 RAMÍREZ SOD, CORP. Principal Place of Business Mailing Address 17529 CHORVAT AVE. 17529 CHORVAT AVE. 60026322 SPRING HILL, FL 34610-6005 SPRING HILL, FL 34610-6005 Principal Place of Business 1932 COUNTY Line Rd 04052006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 04-3613771 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMIREZ, MANUEL 17529 CHORVAT AVE. Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34610-6005 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME RAMIREZ, MANUEL NAME STREET ADORESS 17529 CHORVAT AVE. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 346106005 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition GARCIA, YECENIAR 2006 ELMWOODAVE TAMPA, FL 33606 GARCIA, YECENIA R NAMÉ NAME STREET ADDRESS 2416 MARCONI ST. STREET ADDRESS CITY-ST-7IP TAMPA, FL 33605 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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

**FILED**