2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90301 026 ***150.00

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04052006 Chg-P CR2E034 (11/05)

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1. Entity Name
RAMIREZ SOD, CORP.

Principal Place of Business	Mailing Address
17529 CHORVAT AVE. SPRING HILL, FL 34610-6005	17529 CHORVAT AVE. SPRING HILL, FL 34610-6005

2. Principal Place of Business	3. Mailing Address
14932 County Line Rd	14932 County Line Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL	City & State: Spring Hill FL
Zip: 34610 Country: USA	Zip: 34610 Country: USA

4. FEI Number: 04-3613771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, MANUEL
17529 CHORVAT AVE.
SPRING HILL, FL 34610-6005

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 ______ DATE
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, 2006 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 RAMIREZ, MANUEL 17529 CHORVAT AVE. SPRING HILL, FL 346106005 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARCIA, YECENIA R 2416 MARCONI ST. TAMPA, FL 33605 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARCIA, YECENIA R 2005 ELMWOOD AVE TAMPA, FL 33605 ☒ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Yecenia R. Garcia 04-05-06 7273790639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #