


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000092632</b> 1. Entity Name <b>RAMIREZ SOD, CORP.</b>	
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Principal Place of Business <b>14932 CTY LINE RD SPRING HILL, FL 34610-6005</b>	Mailing Address <b>14932 CTY LINE RD SPRING HILL, FL 34610-6005</b>
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**DO NOT WRITE IN THIS SPACE**



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3613771</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RAMIREZ, MANUEL 17529 CHORVAT AVE. SPRING HILL, FL 346106005</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V GARCIA, YECENIA R 2005 ELMWOOD AVE TAMPA, FL 33605</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/06/07-80020-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Garcia **YECENIA GARCIA** 03-28-07 727 3790639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #