


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90022 006 \*\*\*158.75

<b>DOCUMENT # P01000114988</b> 1. Entity Name <b>RAMIREZ &amp; RAMIREZ CORP.</b>	
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Principal Place of Business <b>11270 SW 246 ST. HOMESTEAD, FL 33032</b>	Mailing Address <b>11270 SW 246 ST. HOMESTEAD, FL 33032</b>
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**20030645**



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0001246</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RAMIREZ, OSCAR O 11270 SW 247 ST. HOMESTED, FL 33032</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>[Signature]</i> <i>Just, please change the street is 246 st</i> <i>April 1 2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMIREZ, OSCAR O 11270 SW 246 ST. MIAMI, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICEPRESIDENT RAMIREZ, LIGIA G. 11270 SW 246 st Miami, FL 33032</b>
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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: <i>[Signature]</i> <i>April 1 2005</i> <i>(305) 257-1484 / 2196687</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #
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