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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RAM INVESTMENT GROUP, INC (Name of corporation)
(Name of corporation) DOCUMENT NUMBER: P01000119785
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
LEONID PANICOV (Name of person)
(Name of person)
RAM INVESTMENT GROUP INC (Name of firm/company)
19001 N.E. 14 Ave # 308 (Address)
(Address)
N. MIAMI BC4 FL 33179 (City/state and zin code)
(City/state and zip code)
For further information concerning this matter, please call:
LEONID PANKOV at (305) 491-4904 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the this statement of FLORIOLA	1	itted for a c	orporation o	rganized un	der the law	s of the Stat	e of
of Florida. 1. The name of	the corporation:	RAM	INVE	STME	NT G	ROUP	INC
2. The principal	office address:_					308	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. The mailing a	address (if differ	ent): <u> </u>	AME				- K. C.
4. Date of incor	poration/qualific	eation: 12	11910	/_ Doct	ıment numb	er: P01	000118
	d street address or rtment of State:			-	gistered off	ice on file w	ith the
	3530 Aven				C 1 -	or 33,5	Soite 11
6. The name ar changed):	nd street address		_	-			
	19001	N.E.	14AVE	₩ 30	28		
_	N. Mi.					3	
The street addreagent, as change							
Such change was authorized by the	as authorized by ne board, or the	resolution of corporation	duly adopted has been no	I by its boar tified in wri Fedori	d of directo iting of the	ors or by an change.	officer so
(Signature of an officer	, chairman or vice chair	man of the board	, 	(Printed	or typed name a	and title)	
I hereby accept I further agree to performance of registered agen office address, t	the appointment to comply with the my duties, and the Or, if this do I hereby confirm	t as register he provision I am familia cument is be a that the co	red agent an us of all stat ur with and d ving filed me rporation ho	d agree to a utes relative accept the o rely to refle as been noti	tct in this co to the pro- bligation of ect a change fied in writ	apacity. per and com my position e in the regi ing of this c	iplete i as stered hange.
	7)- 10 - (Date)		
<u></u>	ignature of Registered	Agent)	-		(Date)		<u> </u>
If signing on behal	f of an entity:			•			
()	Typed or Printed Name)	<u> </u>	: 177	<u></u>	(Capacity)		

* * * FILING FEE: \$35.00 * * *