2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: TZ

Secretary of State RAMSAL, INC. Percept Place of Business 4851 SAN JUAN AVE JACKSONVILLE FL 32210 2. Principal Place of Business 4851 SAN JUAN AVE JACKSONVILLE FL 32210 2. Principal Place of Business Solita Apr. 8, etc. City & State	···	ANNUAL R	EPORT (AF	{)		, A ı	r 05, 200	6 08	.00	4M
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Suite Apt. P, etc. Suite Apt. P, etc. 1st MOORE CR2E034 (10/05)	JACKSONVILLE FL 32210		JACKSONVILLE FL 32210							
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Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Automation \$8.87 Feb. Automation \$8.87 Feb. Required \$8.87 Feb.	Suite. Apt. #, etc.		Suite, Apt. #, etc.		1s	MOORE (CR2E034	(10/05)		
S. Name and Address of Current Registered Agent SALAMEH, RAMZI 2552 KRIKWOOD COVE LANE JACKSONVILLE FL 32223 City City FL Zip Code 8. The above named entity nutrinits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Significantly special promises all upseed agent. MOTE Projected Agent suprature returned when retriated by FILE NOW!!! FEE IS, \$150.00 After May 1, 2006 Fee Will Ga \$55.00 Agent Trust Fund Contribution. Added to Research Added to Research Added to Research Added to Research SELECTIONS 11. ADDITIONS/DHANGS TO OFFICERS AND DIRECTORS 11. ADDITIONS/DHANGS TO OFFICERS AND DIRECTORS SELECTIONS 12. Change Additional agent ag	City & State		City & State		4. FEI Numb	er 04-3605545		<u> </u>		
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2552 KIRKWOOD COVE LANE JACKSONVILLE FL 32223 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 Flonds. I am familiar with, and acception to the colligations of registered agent. SIGNATURE Signature, types is preserved agent and the supplicative (MOTE Registered Agent approve entitled above named above removed above re	CALAMELL DAMFI				Name					
B. 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 SIGNATURE SIGNATURE PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Added to Pees Make Check Payable to Florida Operational or State. 10. OFFICERS AND DIFFECTORS 11. ADD/110NS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 MAY SALAMEH, RAMZ! SIRELADORESS OUT-ST-2P Delete ITILE MAY SIRELADORESS OUT-ST-2P Delete ITILE MAY SIRELADORESS OUT-ST-2P TITLE M	2552 KIRKWOOD COVE LANE			-	Street Address (P.O. Box Number is Not Acceptable)					
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that powered to execute this repo	t my signatu ort as requi	ire shall have the :	same legal ette	ct as it made under o	ath, that I ar	n an omce	st of allector

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