2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P0200005992 1. Entity Name RAMA-VISION, INC.			Secretary of State				
Principal Place of Business Mailing Address 9773 W SAMPLE ROAD 9773 W SAMPLE ROAD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065		***	CENTER OF THE ORIGIN FROM THE ORIGIN THE ORIGIN THE ORIGIN THE ORIGINAL OR			■ I	
DO NOT WRITE IN THIS SPAC			CE	03172005 No Chg-P CR2E034 (10/03) 4. FE! Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GODOY, MOISES 868 NW 126TH AVENUE CORAL SPRINGS, FL 33071			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 Signature, typed or printed name of registered agent and file if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.							
10.	OFFICERS AND DIREC	TORS	T	,	ļ		
TUTLE NAME STREET ADDRESS CITY - ST - ZIP	GODOY, RAFAEL 1677 NW 91TH AVENUE CORAL SPRINGS, FL 33071	7073			U000002 04/04/05-8	186926 30048-007 150.00	
NAME STREET ADDRESS CITY+ST+ZIP	GODOY, MOISES 868 NW 126TH AVENU CORAL SPRINGS, FL 33071						
TITLE NAME STREET ADDRESS CITY+ST-ZIP		- " "		DO	NOT W	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY+ST-ZIP							

12. Thereby 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.

/-- h--

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-05

Date

954-753-0137

Daytime Phone