2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000029629 1. Entity Name				FILED
THE RAMPER GROUP, INC.				Apr 09, 2005 08:00 AM Secretary of State
Principal Place of Business Mailing Address				
8405 RIDGEBROOK CIRCLE ODESSA FL 33556		8405 RIDGEBROOK CIRCLE ODESSA FL 33556		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 02-0590854 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Name			Name	
RAMIREZ, JORGE O 8405 RIDGEBROOK CIRCLE ODESSA FL 33556			Street Address	s (P.O. Box Number is Not Acceptable)
			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 Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY ST-ZIP	P RAMIREZ, JORGE O 8405 RIDGEBROOK CIRCLE ODESSA FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition U00000295103 04/03/05-80014-014 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PEREZ-VELEZ, MADELEINE 8405 RIDGEBROOK CIRCLE ODESSA FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	V RAMIREZ, JORGE G 8405 RIDGEBROOK CIRCLE ODESSA FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CHY: ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUIDGLEY, MONICA M 8405 RIDGEBROOK CIRCLE ODESSA FL 33556	☐ Delete	TITLE NAME STREFT ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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:

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