2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 8:00 am **Secretary of State** DOCUMENT # P02000038320 1. Entity Name 01-17-2006 90241 049 ***150.00 **RAMIREZ FINE ARTS CORPORATION** Principal Place of Business Mailing Address 16361 SW 92 CT P.O. BOX 57-0477 PALMETTO BAY, FL 33157 MIAMI; FL 33257-0477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 61-1412624 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMIREZ, OBNEIL 16361 SW 92MD COURT MIAMI; FL 33157 City 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, the obligations of registered age; SIGNATURE Signature, typed oy tie f applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ππε PTD □ Delete TITLE ☐ Addition ☐ Change NAME RAMIREZ, OBNIEL NAME STREET ADDRESS 16361 SW 92MD COURT STREET ADDRESS CITY-ST-7IP MIAMI, FL 33157 CITY-ST-ZIP VSD Delete Change TITLE TITLE ☐ Addition NAME NAPOLES, YAMILET NAME 16361 SW 92MD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITS F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other case.

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Jan/11/2006

FILED