

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000038320
 1. Entity Name
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

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 61-1412624 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 RAMIREZ, YAMILET
 16361 SW 92MD COURT
 MIAMI, FL 33157

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

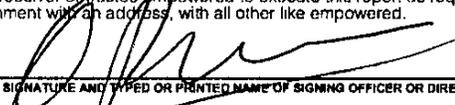
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD RAMIREZ, YAMILET 16361 SW 92MD COURT MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD RAMIREZ, OTHNIEL 16361 SW 92MD COURT MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/20/07-80049-024 150.00

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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 address, with all other like empowered.

SIGNATURE:  04/10/2007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #