


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000050956 1. Entity Name RAMOS ARCHITECTS PA	
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Principal Place of Business 1600 S DIXIE WAY 501 BOCA RATON, FL 33432	Mailing Address 2001 N OCEAN BLVD 402S BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

FILED
Aug 23, 2004 08:00 AM
Secretary of State



08102004 No Chg-P CR2E034 (10/03)

4. FEJ Number 35-2170221	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent RAMOS, JUAN I 1111 S OCEAN BLVD #517 BOCA RATON, FL 33432
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, JUAN L 1600 S DIXIE HWY STE 501 BOCA RATON, FL 33432
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<p>U000000170683 08/23/04-80005-023 150.00</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **JUAN I. RAMOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____