
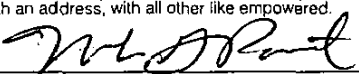


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90031 009 ***150.00

DOCUMENT # P02000054129 1. Entity Name RAM TAMPA, INC.					
Principal Place of Business 8610 ELM FAIR BLVD TAMPA, FL 33610			Mailing Address 2520 N 50TH STREET TAMPA, FL 33619		
2. Principal Place of Business		3. Mailing Address 8610 ELM FAIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA, FL		4. FEI Number 74-3038246	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33610		Country USA		01242005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PATEL, MITESH 2520 N 50TH ST TAMPA, FL 33619				7. Name and Address of New Registered Agent. Name PATEL, NILESH Street Address (P.O. Box Number is Not Acceptable) 8610 ELM FAIR BLVD City TAMPA FL Zip Code 33610	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, GHANSHYAM L 3314 S DALE MABRY TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATEL, JAYESH 4410 CASEY LAKE BLVD TAMPA, FL 33624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MISTRY, ARUN 701 N 74TH AVE ST PETERSBURG, FL 33624 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATEL, NILESH 3314 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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.					
SIGNATURE: 			3/16/05 813-490-1000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		