

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90018 042 ***150.00

DOCUMENT # P02000091289

1. Entity Name
ANIBAL RAMIREZ INVESTMENTS, CORPORATION



Principal Place of Business Mailing Address
4315 NW 7TH STREET #40 **4315 NW 7TH STREET #40**
MIAMI, FL 33126 **MIAMI, FL 33126**

40004000

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4315 NW 7TH ST **4315 NW 7TH ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
37-B **37-B**
 City & State City & State
MIAMI FL **MIAMI FL**
 Zip Country Zip Country
33126 **USA** **33126** **USA**



01132007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
54-2075950 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

RAMIREZ, ANIBAL
4315 NW 7TH STREET
#40
MIAMI, FL 33126

Name
RAMIREZ, Anibal
 Street Address (P.O. Box Number is Not Acceptable)
4315 NW 7TH ST # 37-B
 City State Zip Code
MIAMI **FL** **33126**

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: Anibal Ramirez DATE: 2-5-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAMIREZ, ANIBAL 4315 NW 7TH STREET #40 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAMIREZ Anibal 4315 NW 7TH ST # 37-B MIAMI, FL. 33126 <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
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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: Anibal Ramirez Date: 2-5-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #