2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 08:00 AM Secretary of State

DOCUMENT # P02000095025 1. Entity Name RAMARC CORPORATION						Sec	cretar	y 01	State	
	ce of Business	Mailing Address		ļ						
13720 WEST ST., 84		6201 NW 114 PLACE APT, 246								
With, 11, 33323		MIAMI, FL 33178			enn ildi: nain duin dall	1 89110 (618t 21111 1	PROGUES II	lifalar II libar		
2 Dringing F	Name of Punispen	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005	Chg-P	CR2E034	(10/03)			
City & State		City & State		4. FEI Number 52-2376	560			oplied For at Applicable		
Zip Country		Zip	Zip Country		5. Certificate of			3.75 Add	titional	
	6. Name and Address of Current P	egistered Agent	istered Agent			7. Name and Address of New Registered Agent				
N					Name					
DIAZ, NEL 3501 SW	SON I 107 AVENUE			Street Address (P.O. Box Number	is Not Acceptable)		· · ·	
MIAMI, FL	33165								1	
			\				FL	Zip Cod	e	
8. The above	named entity submits this statement for	the ourpose of changing its r	enistere	ed office of register	ed agent, or both.	in the State of Flo		niliar with.	and accept	
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 Flonda. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
O Floation Comparing Financing PF CO										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campeign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees										
10.	OFFICERS AND D	JBECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	RECTOR	S IN 11	
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name Street address	LINAN, MAXIMA A 6201 NW 114 PLACE #246		NAME	ET ADDRESS		000000 0000000000000000000000000000000		-በ1በ 1	50.00	
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NAME *		•	NAME	l						
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CITY-ST-ZIP	noted that the information a mallest side to	no filing door not qualify for	4		otion 119 07(2)(1)	Florida Statutos I	further certific	that the i-	formation	
12. Thereby certify that the information supplied with this filling 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 attachpent-with an address, with all other like empowered.										