

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095025

Entity Name: RAMARC CORPORATION

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

13720 WEST ST., 84
DAVIE, FL 33325

New Principal Place of Business:

6201 N.W. 114 PLACE
246
MIAMI, FL 33178

Current Mailing Address:

6201 NW 114 PLACE
APT. 246
MIAMI, FL 33178

New Mailing Address:

6201 NW 114 PLACE
246
MIAMI, FL 33178

FEI Number: 52-2376560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, NELSON I
3501 SW 107 AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LINAN, MAXIMA A
Address: 6201 NW 114 PLACE #246
City-St-Zip: MIAMI, FL 33178

Title: TD () Delete
Name: ARCEO, CAROLINA
Address: 6201 NW 114 PLACE #246
City-St-Zip: MIAMI, FL 33178

Title: SD () Delete
Name: JUAN CARLOS RAMIREZ, LEIVA
Address: 6201 NW 114 PLACE #246
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ARCEO, CAROLINA
Address: 6540 N.W. 114 AVE STE 1424
City-St-Zip: DORAL, FL 33178

Title: SD (X) Change () Addition
Name: JUAN CARLOS RAMIREZ, LEIVA
Address: 6540 N.W. 114 AVE STE 1424
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINA ARCEO

TD

04/28/2006

Electronic Signature of Signing Officer or Director

Date