## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P02000126154  1. Entity Name RAMIRO PRODUCTIONS, INC.								04-28-2004 90202 028 ***150.00				
Principal Place of Business				Mailing Address			-					
1440 LENOX AVENUE				1440 LENOX AVENUE				-				
MIAMI BEACH, FL 33139				MIAMI BEACH, FL 33139			1					
							i,	P) 411 <b>A</b> WILL ISBN <b>BR</b> 241 <b>BA</b> 26		HEL COM BUC ON	Draws is 1881	
2. Principal Place of Business				3. Mailing Address					I FAURI VIRA GARA D			
0 :- 4-1 #				Suite, Apt. #, etc.								
Suite, Apt. #, etc.				suite, Apt. #, etc.		0312200	4 Chg-P	CR2E0	34 (10/03)			
City & State				City & State		4. FEI Nur	phor		1 14	oplied For		
City & State			`	ony di Olato						ot Applicable		
Zip	Country			Zip Ccui		itry						
*			ند ادم		. دست		್ಷ 5 Certific	ate of Status Desire	جد المحداد	\$8.75 Add	d id	
	6. Name	and Address of Cur	rrent Regist	tered Agent	·	7. Name and Address of New Registered Agent						
						Name						
SOSA, RAMIRO H						/200						
736 NE 164TH ST.						Street Address (P.O. Box Number is Not Acceptable)						
MIANI, FL 33162												
										1 - 0		
						City			FL	Zip Cod	e	
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 ac											and accept	
the obligat	tions of regist	ered agent.	-									
CIONATURE	X	million	110									
Signature Signature typed of cyfrited farme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
											·	
FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing 55.00 May Be Trust Fund Contribution. Added to Fees												
After M	ay 1, 200	4 Fee will be \$5	550.00	. Irust Fund Con	ribution.	□ A	dded to Fees					
10.		OFFICERS	AND DIREC	TORS	11.		ADDITION	NS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE	PD			☐ Delete	ŦιΤL	E				Change	Addition	
NAME	SOSA, RA	AMIRO H			NAM	te				. —		
STREET ADDRESS	l l				STRE	EET ADDRESS					ļ	
CITY-ST-ZIP	MIAMI, FL	. 33162			CITY	- ST- ZIP						
TITLE			-	☐ Delete	TΠL	E .				☐ Change	Addition	
NAME	)		\- <u>-</u>		NAM	KE Ì						
STREET ADDRESS						EET ADDSESS						
CITY-ST-ZIP					CITY	-ST-ZI?						
TITLE	^	لللمان يشوى ولا		Delete	TITL	1		•		`□ Change	☐ Addition	
NAME	1				NAM	- 1						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP						
ļ. <b></b>	<del></del>								<del></del>		- Address	
TITLE "				☐ Delete	TITL	i			**	Change	☐ Addition	
STREET ADDRESS	1					EET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE	<del> </del>			☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME		_	, ,		NAM		* 1	•	. •			
STREET ADDRESS	STI					ET ADDRESS		•				
CITY-ST-ZIP				. 1	CITY	'-ST-ZIP	A + #+ 1 L 1 / 14	;				
TITLE	2 3 731 8	i i i i i		☐ Delete	TITL	E -				· Change	☐ Addition	
NAME					NAM	ie j			Ţ.	-		
STREET ADDRESS		gare - E-mg - 1	٠	· \$.	ŞTRI	EET ADDRESS						
CITY-ST-ZIP	<u> </u>				CITY	'-ST-ZIP						
12.   hereby	certify that th	e information supplie	d with this fi	ling does not qualify fo	r the exe	motion stated in	Section 119.07	(3)(i), Florida Statut	es. I further cer	tify that the i	nformation	
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.											r Block 11 if	
changed	, or on an att	acnment with an add	<del>иозз, уиш</del> ыali	ı utner iike empowered	i.		/	/			i	