
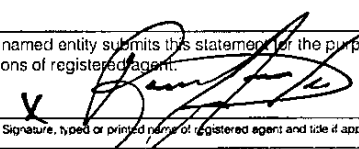
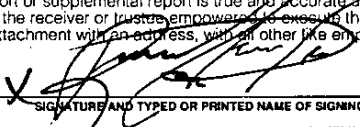


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90120 015 \*\*\*150.00

<b>DOCUMENT # P02000126154</b> 1. Entity Name <b>RAMIRO PRODUCTIONS, INC.</b>			
Principal Place of Business <b>1440 LENOX AVENUE MIAMI BEACH, FL 33139</b>		Mailing Address <b>1440 LENOX AVENUE MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business <b>934 DOVERLUM CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>934 DOVERLUM CT</b> Suite, Apt. #, etc.	
City & State <b>HOLLYWOOD FL</b>		City & State <b>HOLLYWOOD, FL</b>	
Zip <b>33019</b>	Country <b>US</b>	Zip <b>33019</b>	Country
4. FEI Number <b>54-2084719</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SOSA, RAMIRO H 736 NE 164TH ST. MIAMI, FL 33162</b>		7. Name and Address of New Registered Agent Name <b>SOSA, RAMIRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>934 DOVERLUM CT</b> City <b>HOLLYWOOD</b> FL Zip Code <b>33019</b>	
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:  <b>SOSA RAMIRO</b> <b>04/12/05</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	PD <input type="checkbox"/> Delete <b>SOSA, RAMIRO H 736 NE 164TH ST. MIAMI, FL 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>934 DOVERLUM CT HOLLYWOOD, FL 33019</b>
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
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
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 an other like empowered.			
SIGNATURE:  <b>SOSA RAMIRO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>04/12/05</b> <small>Date</small>	
<small>Daytime Phone #</small>			