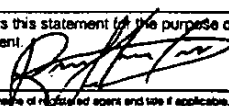
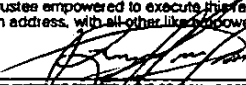


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

05-05-2008 90253 024 ***150.00

DOCUMENT # P02000126154			
1. Entity Name RAMIRO PRODUCTIONS, INC.			
Principal Place of Business 1120 LINDEN ST HOLLYWOOD, FL 33019		Mailing Address 1120 LINDEN ST HOLLYWOOD, FL 33019	
2. Principal Place of Business - Min P.O. Box # PC BOX 222756		3. Mailing Address PC BOX 222756	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		4. FEI Number 54-2084719	
Zip 33022-2756		Country BROWARD	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SOSA, RAMIRO H. 934 DOVE RUM CT HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name Ramiro Sosa Street Address (P.O. Box Number is Not Acceptable) 1917 Hollywood Blvd City Hollywood FL 33020	
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  RAMIRO H. SOSA (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PSD SOSA, RAMIRO 1120 LINDEN ST HOLLYWOOD, FL 330194866 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1917 Hollywood Blvd. ☐ Delete Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  RAMIRO H. SOSA Director			

66015991



04252008 Chg-P CR2E034 (12/06)