

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90672 049 ***150.00

DOCUMENT # P03000009069 1. Entity Name RAM TRAVEL GROUP OF FLORIDA CORPORATION			
Principal Place of Business 1000 NE 12TH AVENUE #603 HALLANDALE, FL 33009		Mailing Address PO BOX 398124 MIAMI BEACH, FL 33239	
2. Principal Place of Business 1000 NE 12TH AVE Suite, Apt. #, etc. 603		3. Mailing Address PO BOX 398124 Suite, Apt. #, etc.	
City & State HALLANDALE, FL		City & State MIAMI, FL	
Zip 33009		Zip 33239	
Country USA		Country USA	
4. FEI Number 46-0516978		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 ALBO, RAFAEL M MR 1615 PENNSYLVANIA AV # 1 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  RAFAEL ALBO DATE 4-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	CP ALBO, MACHADO M MR 1615 PENNSYLVANIA AV # 1 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE:  RAFAEL ALBO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-8-04 Daytime Phone # 305 490 7582	