


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

27.

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-23-2007 90038 047 ***150.00

DOCUMENT # P03000025499 1. Entity Name RAMOS ENTERPRISES INC.	
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Principal Place of Business 423 S SEMORAN BLVD ORLANDO, FL 32807	Mailing Address 423 S SEMORAN BLVD ORLANDO, FL 32807
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01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0623165	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
**RAMOS, SERGIO
423 S SEMORAN BLVD
ORLANDO, FL 32807**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMOS, SERGIO 423 S SEMORAN BLVD ORLANDO, FL 32807 PRESIDENT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELIA RAMOS 423 S SEMORAN BLVD. ORLANDO, FL 32807 VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Sergio Ramos* **2-14-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #