

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91242 046 ***150.00

DOCUMENT # P03000030597

1. Entity Name
RAMAX FINANCIAL SERVICES, INC.



Principal Place of Business
11730 A NORTH DALE MABRY HWY.
TAMPA, FL 33618

Mailing Address
11730 A NORTH DALE MABRY HWY.
TAMPA, FL 33618

24061303

2. Principal Place of Business
5517 W. SLIGH AVE.

3. Mailing Address
5517 W. SLIGH AVE

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

27-0051839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, ROBERT
1518 NORWICK DRIVE
LUTZ, FL 33559

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

Signature, typed or printed name 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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MOUMNEH, RAMZY
5310 BRANCH AVENUE
TAMPA, FL 33603

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10112 ROWLETT WAY
TAMPA, FL 33624

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #