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Jun 06, 2005 8:00 am
Secretary of State
05-02-2005 90984 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045014

1. Entity Name
RAMOS IRON WORKS CORPORATION

66021636

01102005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4100 NW 135 STREET BAY 4A OPA LOCKA, FL 33054	4100 NW 135 STREET BAY 4A OPA LOCKA, FL 33054

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country
3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number: APPLIED FOR 32-0073030 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAMOS, JOSE W
4100 NW 135 STREET
BAY 4A
OPA LOCKA, FL 33054

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] 4/29/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMOS, JOSE W 271 W 36 STREET HIALEAH, FL 33012	☐ Delete	Jose W. Ramos 2102 S.W 151 P.L Miami FL 33185	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIVAS, JULIA A 271 W 36 STREET HIALEAH, FL 33012	☐ Delete	Rivas Julia. A 2102 S.W 151 PL. Miami FL 33185	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMOS, JOSE O 19526 NW 79TH AVENUE HIALEAH, FL 33015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAMOS, JUANA 19526 NW 79TH AVENUE HIALEAH, FL 33015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR-26-2005 12:27 From: To:3056885053 P.1

P.2