2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000079782** 04-26-2004 91026 027 ***150 00 1. Entity Name R.A.M.S. INVESTMENTS GROUP, INC. Mailing Address Principal Place of Business 615 W. CAPE CORAL PKWY 615 W. CAPE CORAL PKWY STE 204 STE 204 CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102004 CR2E034 (10/03) Chg-P 4. FEI Number 32 -/ Applied For City & State City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGGINS, ROY Street Address (R.O. Box Number is Not Acceptable) 2516 S.E. 2ND AVE. CAPE CORAL, FL 33904 City tity 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 accep 8. The above named the obligations of istered agent. SIGNATURE Signa ed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees ._ After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete HUGGINS, ROY NAME NAME STREET ADDRESS 2516 SE 2ND AVE. STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE GONZALEZ, ALFREDO NAME NAME STREET ADDRESS 18528 NW 19TH ST. STREET ADDRESS PEMBRKE PINES, FL 33029 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change ■ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Change - ☐ Addition TITLE ☐ Delete 完全 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP n 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 rhental 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 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 12. I hereby certify that the information indicated on this report or supple of the corporation or the receiver changed, or on an attachment ith an address, with all other like empowered. SIGNATURE:

FILED